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The Department of Obstetrics and Gynecology

ADMINISTRATION

PROGRAM
Jennifer Griffin, MD, MPH
Residency Program Director

Teresa G. Berg, MD
Associate Program Director

Janice Golka
Residency Program Coordinator

STUDENT CLERKSHIP
Karen Carlson, MD
Third Year Clerkship Director

Katherine Finney, MD
Assistant Third Year Clerkship Director

Teresa Ingraham
Student Clerkship Coordinator

DEPARTMENT
Carl V. Smith, MD
Professor and Department Chair

Steve W. Remmenga, MD
Professor and Department Vice Chair

Darcy Penner
Chairman’s Assistant

Richard Blum, MPA, CMPE
Administrator

Karen Stoyisich
Purchasing and Accounts Payable

OLSON CENTER FOR WOMEN’S HEALTH
Sheila McFarland, BSN
Manager-Olson Women’s Center

Sonja R. Kinney, MD
Medical Director

Micki Creswell
Billing Manager

DEPARTMENT FACULTY AND PRACTITIONERS
GENERAL OBSTETRICS AND GYNECOLOGY
Sonja R. Kinney, MD
Assistant Professor
Division Director

N. Jean Amoura, MD, MSc
Associate Professor

Joseph C. Scott, Jr., MD
Professor Emeritus

Karen Carlson, MD
Assistant Professor

Marvin L. Stancil, MD
Assistant Professor

Medical Director, Maternal Care

Katherine C. Finney, MD
Assistant Professor

Sylvia J. Ziegenbein, MD
Assistant Professor

Jennifer Griffin, MD, MPH
Assistant Professor

Linda Pierce, APRN
Nurse Practitioner

Robert C. Olesh, MD
Associate Professor

Nancye Hasiak, APRN
Nurse Practitioner
GYNECOLOGIC ONCOLOGY
  Steven W. Remmenga, MD
  Director and Professor

  Kerry J. Rodabaugh, MD
  Associate Professor

  Stephanie Vanone, RN, BSN, OCN
  Oncology Nurse Specialist

  Leslie Collins, BSN
  Case Manager

MATERNAL-FETAL MEDICINE
  Paul G. Tomich, MD
  Director, Professor

  Teresa G. Berg, MD
  Associate Professor

  Carl V. Smith, MD
  Professor and Chairman

  Teresa Stowe, APRN
  Nurse Practioner

  Kim Albaugh, RN, RDMS
  Lead Sonographer, Prenatal Diagnostic Center

MIDWIFERY

  Anita Jaynes, MSN, CNM
  Instructor

  April Nelson, MSN, CNM
  Instructor

  Lydia Rhodes, MSN, CNM
  Instructor

  Kathleen Scott, MSN, CNM
  Instructor

  Pamela Schaffart, MSN, CNM
  Instructor

REPRODUCTIVE ENDOCRINOLOGY/ INFERTILITY

  Victoria M. Maclin, MD
  Associate Professor

  Jacques W. Ramey, MD, PhD
  Assistant Professor

RESEARCH FACULTY

  John S. Davis, PhD
  Professor and Director, Research and Development

  Jing Yang, PhD
  Professor

  Shyamal K. Roy, PhD
  Professor Emeritus

  Wayne Ryan, PhD
  Professor Emeritus
Overall Program Goal
The overall goal of the training program in Obstetrics and Gynecology is to provide an educational program with sufficient longitudinal experience in the evaluation, diagnosis and management of gynecologic and obstetric conditions to result in the emergence of physicians with the ability for independent and competent practice of the specialty. This four-year program has graduated responsibility with each year building on previous experiences.

There are additional educational experiences with specific objectives that are longitudinal in nature. These experiences are not rotation specific allowing opportunities for a broad based education in the specialty.

1. Continuity Clinics
   Continuity clinics begin in the first year and continue through the third year of training.

2. Institutional and Departmental Curriculum
   A web-based curriculum has been developed by Graduate Medical Education at UNMC. This curriculum covers education in areas relating to professionalism, interpersonal communication, systems based practice, ethics and practice based learning. Completion of these courses is required by the Department of Obstetrics and Gynecology.
   Resident education in the department is a combination of lectures and other learning opportunities that include case conference, grand rounds and other conferences. A list of all resident education conferences and times is compiled in this handbook.

3. Research Project/Scholarly Activities
   All residents are required to participate in research and present their active project at Resident’s Day each June for the first three years, followed by serving as a discussant in their fourth year. Details regarding this project are covered under resident research. There are other opportunities for scholarly activity including a monthly journal club and case reports.

Training Period
The American Board of Obstetrics and Gynecology (ABOG) requires that a training program consist of four years in an obstetrics and gynecology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The final year of a resident’s program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Education in the basic sciences, inpatient and ambulatory primary/preventive care must all be incorporated into the training program. Residents are allowed vacation, sick leave, maternity and paternity leave and family leave according to University of Nebraska Medical Center Policies and Department of Obstetrics and Gynecology Policies during their training. The amount of total leave during training is determined by ABOG and is specific to the year of training and total leave throughout training. Leave in excess of the leave allowed by the ABOG must be made up in order to comply with the rules of the
ABOG and be eligible for board certification.

**Levels of Training**
Throughout the four years of training, emphasis is made in the progression of competence as a physician in Obstetrics and Gynecology with measures placed in the six Core Competencies as defined by ACGME: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems Based Practice. The program provides an educational environment with graduated responsibilities over the four years. Please see the rotation schedules for guidelines for the scheduling of rotations.

**Evaluation of Resident Performance**
Attending physicians evaluate the residents through an online process on New Innovations at the end of each rotation. Residents may be evaluated by multiple physicians that they had contact with during an inpatient rotation or by a small number of faculty depending on the specific rotation. The resident receives an e-mail notification once an evaluation has been completed and should review and sign the evaluation on the New Innovations site (www.new-innov.com). Copies of the evaluations are kept online and in the resident’s file, which the resident have access to at any time in the program coordinator’s office.

Residents will also review with the Program Director twice each year their evaluations, procedure logs, self-evaluations and learning plans, surgical skills forms, research progress, Life-Long Learning scores and in-service training examinations scores as they are collected to allow for the development of an evaluation of performance and documentation of progression through the program requirements. Advancement to each subsequent level of training is contingent on satisfactory performance and completion of specific requirements for the year.

**Stress Management**
Both faculty and residents must work together to reduce the untoward effects of stress. Hours are long and stress is inevitable. Feedback from the attending physicians may be infrequent, negatively weighted or absent when the resident feels it is needed. Coping mechanisms can include requesting feedback, expressing your frustrations with your fellow residents, enlisting the aid of the faculty, mentors, and the program director. Know when things begin to be overwhelming. Rest and communication can often do wonders, but sometimes more is needed. Counseling is available without charge if needed and is strongly encouraged before things get out of hand.
Rotation Schedule 2012-2013
Continuity Clinic – Longitudinal Experience
Level: PGY 1, 2, 3

**Supervision:** Resident → Faculty
The residents will work directly with the attending physician assigned to their continuity clinic in all management decisions, clinic procedures, and operative cases.

**Educational Activities:**
1) Recommended Reading Specific for office practice
   b) Advanced Colposcopy, CD-ROM
   c) ACOG Primer on Primary Care
   d) Precis and Prologs on Gynecology and Office Practice
2) Supplemental Reading, See list for Obstetrics and Gynecology rotations
3) Conferences
   a) Wednesday Education Conferences

**Competency Based Educational Goals and Objectives**

**Patient Care**

**Goal:** Perform outpatient procedures competently.

**Objectives:** Over three years, the resident will demonstrate the ability to perform the following:
1) Appropriate use of gloves, supplies, and procedural techniques to avoid contaminating stationary office equipment, and to provide sterile technique where required.
2) Obtain a pap smear for cervical cancer screening.
3) Endometrial biopsy.
4) Vaginal and vulvar biopsies.
5) Placement or insertion of Word’s catheter, IUD, and laminaria.
6) Colposcopy with biopsies and endocervical curettage.
7) Cryosurgery and LEEP procedures.
8) Fitting for pessaries and diaphragms and appropriate evaluation during follow-up visits.
9) Incision and drainage of abscess.
10) Office cystometrics.
11) Skin biopsy.
12) Breast cyst aspiration.
13) Office hysteroscopy.
14) Office ultrasonography. (informal bedside transabdominal and transvaginal ultrasound for early pregnancy dating, uterine stripe measurement, etc.)
15) Treatment of HPV of the vulva with TCA and laser of vulva when appropriate.

**Goal:** Gather essential information about patients, develop, negotiate and implement effective management plans in obstetrics and gynecology.

**Objectives:** The resident will demonstrate the ability to evaluate, provide appropriate education and counseling for:
1) New and return patients appropriately with history and physical examination including pelvic examinations.
2) Acute and chronic pelvic pain.
3) Abnormal uterine bleeding in preadolescent, adolescent, premenopausal, peri-menopausal, and postmenopausal age groups.
4) Abnormal pap smears.
5) Sexually transmitted diseases including screening, diagnosis, treatment and follow-up.
6) Vaginitis.
7) Initiate contraception and appropriately counsel patients regarding use.
8) Primary infertility.
9) Outpatient presentations of ectopic pregnancy, missed abortion, PID, wound infection, symptomatic Bartholin’s cyst, and pelvic masses.
10) Symptomatic prolapse and urinary incontinence.
11) Prescribing medications commonly used in gynecologic practice, such as oral contraceptives, hormone replacement therapy, Clomid, Depo Provera, Depo Lupron, methotrexate, antibiotics, etc.
12) Female patients with common medical problems.
13) Patients with breast concerns/findings
14) Vulvar complaints and treat various vulvar dystrophies.
15) Women in gay/lesbian relationships.
16) Women considering early pregnancy termination.
17) Missed or incomplete abortion.

**Medical Knowledge**

**Goal:** Apply an evidence based approach to patient care.

**Objectives:** The resident will demonstrate an understanding of
1) Normal female reproductive function.
2) Normal process of menarche and menopause.

**Goal:** Develop critical thinking in regards to clinical situations

**Objective:** The resident will demonstrate the ability to evaluate and develop appropriate care plans.

**Interpersonal and Communication Skills**

**Goal:** Communicate effectively with patients and families.

**Objectives:** The resident will demonstrate the ability to:
1) Counsel patients appropriately on age specific health screening and preventive medicine/gynecological cancer screening.
2) Counsel women regarding hormone replacement treatment.
3) Screen and counsel patients desiring assistance with smoking cessation, domestic violence, sexual dysfunction and depression.

**Goal:** Communicate effectively as a part of the health care team.

**Objectives:** The resident will demonstrate the ability to:
1) Complete patient encounter records in a timely fashion.
2) Communicate effectively with the attending in clinic regarding the evaluation and plan of management for each patient.
3) Provide appropriate correspondence with referring physicians.
4) Provide appropriate documentation for clinic visits, either written or dictated.
5) Complete dictations within 24 hours of all patient encounters in the clinic.

**Professionalism**

**Goal:** Apply professional behaviors to the clinic setting

**Objectives:** The resident will demonstrate professional behavior in the clinic by:
1) Being punctual in arrival at the start of the clinic.
2) Maintaining a positive work attitude and professional demeanor in the clinic.
3) Demonstrating appropriate patient follow-up regarding laboratory and ultrasound results.

**Goal:** Be able to provide informed consent for procedures.

**Objectives:** The resident will demonstrate the ability to:
1) Provide consultation and informed consent for surgical sterilization.
2) Provide pre-operative evaluation and informed consent for surgical procedures.

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies in continuity clinic.

**Objectives:** The resident will demonstrate:
1) Complete chart reviews as required for well woman visits and new obstetric patients.
2) Receptiveness to faculty instruction and feedback.
3) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Systems-Based Practice**

**Goal:** Understand billing and coding for the clinical setting.
Objectives: The resident will demonstrate familiarity with:
   1) ICD-9 coding and appropriate clinic billing for services.
   2) Medicare documentation requirements.

Goal: Establish patterns of safe practice in the clinical setting.

Objectives: The resident will demonstrate:
   1) An understanding of exam room set-up and equipment needed to perform basic procedures.
   2) The ability to perform procedure site identification and “time-out” safety checks.

Evaluations:
   1) Global evaluation will be performed at the completion of each one to two month time period that a resident is in continuity clinic with the same faculty physician.
   2) Resident audits of primary care chart will be done every six months. These will consist of 5 well woman or postpartum visits and 2 new obstetric patient visits.

Surgical skills evaluations for outpatient procedures will be present in the resident’s portfolio at each Program Director meeting for review.
Ambulatory Medicine

Level: PGY-1

Length of Rotation: 3 months

Description of Ambulatory Medicine:
Three months are spent on this rotation in the first year of training. The clinical experience blends two distinctive elements of ambulatory medicine in our curriculum. These components are: Newborn Medicine and Ambulatory Primary Care. The resident will be assigned to a hospital based service for morning rounds for each month. The schedule for this rotation is below followed by the description of the individual learning objectives for each element.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. You will not be on duty for more than 16 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
   a) Selected articles as assigned by Dr. Bonnema.

2) Conferences
   a) Pre-operative Gynecology Conference on Wednesdays.
   b) Wednesday educational conferences in Ob/Gyn department.
   c) Diagnostics in Obstetrics and Gynecology.

3) Neonatal Resuscitation course will be taken for certification during orientation as HOI’s and will be repeated as necessary to maintain certification during residency training.

Typical weekly assignment: with 2 to 3 weekend calls per month

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1) Newborn Medicine and Lactation

Supervision: PGY-1 Pediatrics Attending/Lactation Consultant
Supervision will be provided directly by the Pediatrics attending staff. Dr. Olney will serve as the primary attending for the newborn rotation. Each Monday, Thursday and Friday morning the residents will round at the Nebraska Medical Center. Rounds will be either on Newborn Rounds with the pediatrics attending or Lactation Rounds with the lactation consultant.

Competency Based Educational Goals and Objectives

Patient Care
Goal: Understand newborn adaptation and common complications.
Objectives: The resident will:
1) Demonstrate the ability to initiate the assessment of the term newborn.
2) Be able to discuss common complications of the newborn period.

Goal: Be able to initiate resuscitation of the newborn infant.
Objective: The resident will obtain NRP certification.
Medical Knowledge
Goal: Be able to be an informed breastfeeding advocate for patients and their families.
Objectives: The resident will:
1) Demonstrate knowledge of the benefits of breastfeeding.
2) Demonstrate knowledge of the contraindications of breastfeeding.
3) Demonstrate knowledge of newborn care/counseling.

Interpersonal and Communication Skills
Goal: Communicate effectively as a part of the health care team.
Objectives: The resident will demonstrate the ability to:
1) Complete patient encounter records in a timely fashion.
2) Communicate effectively with the attending in clinic regarding the evaluation and plan of management for each patient.
3) Provide appropriate correspondence with referring physicians.

Professionalism
Goal: Demonstrate a commitment to maintaining skills in neonatal resuscitation.
Objectives: The resident will:
1) Complete NRP training and obtain certification in their first year of training.
2) Maintain this certification throughout residency training.

Goal: Apply professional behaviors to the hospital setting.
Objectives: The resident will demonstrate professional behavior on the newborn service by:
1) Maintaining a professional attitude with the nursing and ancillary staff.
2) Evaluating assigned newborns in a timely fashion.
3) Being prompt to rounds each morning.

Goal: Maintain ethical principles in regard to patient information.
Objectives: The resident will demonstrate appropriate patient confidentiality by:
1) Abiding by HIPPA regulations.
2) Not discussing patient information outside of appropriate places.

Goal: Be committed to professional development and growth.
Objective: The resident will demonstrate a commitment to their education by being prepared for and participating in morning teaching rounds.

Practice-Based Learning and Improvement
Goal: Identify personal and practice improvement strategies on newborn rounds.
Objectives: The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Systems-Based Practice
Goal: Understand the community resources for patients with newborns.
Objectives: The resident will be able to describe:
1) Community nursing resources for new mothers and their babies.
2) Community resources for breastfeeding mothers.

Goal: Understand newborn metabolic and hearing screening requirements.
Objectives: The resident will:
1) Demonstrate knowledge of the Nebraska state newborn screening program.
2) Demonstrate the ability to counsel parents regarding the state newborn screening program.

2) Ambulatory Primary Care

Supervision: Resident—Olson Center Attending
This portion of the rotation comprises set clinic hours with an Internal Medicine attending at the Olson Center for Women’s Health. These clinics are with Dr. Shannon Boerner on Monday and Tuesday afternoon and with Dr. Rachel Bonnema on Thursday and Friday afternoons. This clinic site allows the resident to participate in a primary care setting with longitudinal and acute patient care visits.
Competency Based Educational Goals and Objectives

Patient Care
Goal: Perform initial patient evaluation in the primary care setting.
Objectives: The resident will demonstrate the ability to:
   1) Obtain a comprehensive history.
   2) Perform a comprehensive physical examination.
Goal: Gather essential information about patients, develop, negotiate and implement effective management plans in primary care.
Objective: The resident will demonstrate the ability to evaluate, provide appropriate education and counseling for new and return patients in conjunction with history and physical examination.

Medical Knowledge
Goal: Appropriately offer and order health care screening.
Objectives: The resident will be able to discuss age specific recommendations for:
   1) Cancer screening.
   2) Immunizations.
Goal: Be knowledgeable of common medical illnesses and their presentations.
Objective: The resident will be able to discuss the evaluation and management of common pulmonary diseases, common infections, cardiovascular disease, diabetes mellitus (type I and type II), common gastrointestinal diseases, rheumatologic diseases, depression, headache, common dermatologic diseases, obesity and substance abuse.

Interpersonal and Communication Skills
Goal: Communicate effectively with patients and families.
Objectives: The resident will demonstrate the ability to:
   1) Counsel patients appropriately on age specific health screening and preventive medicine/cancer screening.
   2) Screen and counsel patients desiring assistance with smoking cessation, exercise, stress management, nutrition and weight control, substance use/abuse, domestic violence, sexual dysfunction and depression.
Goal: Communicate effectively as a part of the health care team.
Objectives: The resident will demonstrate the ability to:
   1) Complete patient encounter records in a timely fashion.
   2) Communicate effectively with the attending in clinic regarding the evaluation and plan of management for each patient.
   3) Demonstrate appropriate documentation for clinic visits.
   4) Complete dictations within 24 hours of all patient encounters in the clinic.

Professionalism
Goal: Apply professional behaviors to the clinic setting.
Objectives: The resident will demonstrate professional behavior in the Olson Center by:
   1) Maintaining a professional attitude with the nursing and ancillary staff.
   2) Evaluating assigned patients in an appropriate and timely manner.
   3) Being prompt to clinic on the assigned days.
Goal: Maintain ethical principles in regard to patient information.
Objectives: The resident will demonstrate appropriate patient confidentiality by:
   1) Abiding by HIPPA regulations.
   2) Not discussing patient information outside of appropriate places.
Goal: Be committed to profession development and growth.
Objective: The resident will demonstrate a commitment to their education by being prepared to participate in clinical teaching.

Practice-Based Learning and Improvement
Goal: Identify personal and practice improvement strategies in continuity clinic.
Objectives: The resident will demonstrate:
   1) Receptiveness to faculty instruction and feedback.
   2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Systems-Based Practice
Goal: Begin to understand practice models of care delivery.

Objectives: The resident will be able to describe the differences in primary care practice and consultative practice.

Goal: Understand billing and coding for the clinical setting.

Objectives: The resident will demonstrate familiarity with:
1) ICD-9 coding and appropriate clinic billing for services.
2) Medicare documentation requirements.

Duties/Responsibilities:
1) Attend continuity clinics as assigned.
2) Round on the newborn medicine service or lactation service on Mondays, Thursdays and Fridays with Dr. Olney or the lactation consultant as assigned.
3) Attend clinic in the Olson Center on Monday, Tuesday, Thursday and Friday afternoons.
4) Attend Wednesday educational conferences.
5) Attend other conferences as listed.
6) Attain certification in Neonatal Resuscitation in the first year of training.
7) Take night call as assigned on the Ob/Gyn service.

Evaluation:
1) Global evaluation will be performed by the Dr. Olney for Newborn Medicine, Ann Schuchardt for Lactation, Dr. Shannon Boerner and Dr. Rachel Bonnema, and gynecology faculty at the completion of the rotation.
2) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Gynecology

Level: PGY-1

Service: University Gynecology
Length of Rotation: 3 months

Supervision: PGY-1 → GYN Chief Resident → Faculty

All management decisions will be discussed with the chief resident and faculty. An attending physician will round daily with the residents and students. Attending coverage for in-house and emergency room patient consultations is assigned as the daily Gyn Rounder.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty.
You will not be on duty for more than 16 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
   g) ACOG Gynecology Educational Bulletins
   h) *ACOG Precis -- Gynecology*

2) Conferences
   a) Pre-op Gynecology Conference on Wednesdays.
   b) Wednesday educational conferences.
   c) Teaching conference on Thursdays with attending physicians, residents, and students scheduled as scheduled weekly topics assigned, time based on clinical activity for the day.
   d) Diagnostics in Obstetrics and Gynecology on Fridays at 0700.
   e) Student presentations.

Typical Weekly Assignments: weekend call 2 per month

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Competency Based Educational Goals and Objectives

Patient Care

Goal: Perform functions of a first assistant in surgery.

Objectives: The resident will demonstrate the ability to perform the following:
   1) Perform opening and closure of an abdominal incision for gynecologic procedure.
   2) Assist with vaginal procedures and benign abdominal cases and demonstrate proficiency in anticipating the next step in the case and the ability to identify important anatomy in the field.

Goal: Perform basic gynecologic procedures competently.

Objectives: The resident will demonstrate the ability to perform the following:
   1) Perform examination under anesthesia.
   2) Perform colposcopy of the uterine cervix
3) Perform LEEP procedures for cervical dysplasia.
4) Perform diagnostic hysteroscopy with dilation and curettage.
5) Perform diagnostic laparoscopy- insufflation and placement of trocars.
6) Perform laparoscopic tubal ligation.

**Goal:** Gather essential information, develop, negotiate and implement appropriate management plans for patients seen with acute gynecologic diseases.

**Objectives:** The resident will demonstrate the ability to evaluate, provide education and management for patients with the following:

1) Ectopic pregnancy.
2) First trimester bleeding.
3) Dysfunctional uterine bleeding.
4) Abdominal and pelvic pain.

**Goal:** Gather essential information, develop, negotiate and implement appropriate management plans for patients seen for consultation with gynecologic diseases.

**Objectives:** The resident will demonstrate the ability to evaluate, provide education and management for patients with the following:

1) Postmenopausal bleeding.
2) Menometorrhagia.
3) Possible pelvic inflammatory disease.
4) Pelvic masses.
5) Basic contraception concerns.

### Medical Knowledge

**Goal:** Know the mechanisms of disease needed to provide appropriate postoperative care.

**Objectives:** The resident will develop appropriate knowledge base to care for the following common postoperative complications:

1) Bleeding.
2) Postoperative infections.
3) Wound infections, hematomas, seromas and cellulitis.
4) Postoperative cardiac events.
5) Postoperative management of chronic hypertension, diabetes, asthma.
6) Management of risk factors for deep venous thrombosis.

**Goal:** Know the anatomy of the female pelvis and abdomen to provide appropriate surgical care.

**Objectives:** The resident will develop appropriate knowledge of anatomy to make surgical decisions regarding:

1) Choice of abdominal, vaginal or laparoscopic approach to surgery.
2) Appropriate choice of surgical incisions.

### Interpersonal and Communication Skills

**Goal:** Complete medical records in an appropriate fashion.

**Objective:** The resident will demonstrate the ability to complete the following

1) Operative reports are to be dictated the day of surgery.
2) Discharge summaries are to be dictated and electronic signed within 7 days of discharge or death.

**Goal:** Communicate appropriately with other health care professionals and referral services.

**Objectives:** The resident will demonstrate the ability to provide the following

1) Information to other inpatient services when requesting a consult.
2) Information with referral services when requesting discharge planning and care after hospitalization.

**Goal:** Communicate effectively with patients and their families.

**Objectives:** The resident will demonstrate the ability to:

1) Discuss surgical findings with patients and their families.
2) Appropriately counsel patients and families regarding discharge instructions.
3) Appropriately counsel patients and families regarding discharge medications.
4) Appropriately counsel patients and families regarding surgical follow up.

### Professionalism

**Goal:** Apply professional behaviors to the hospital setting.

**Objectives:** The resident will demonstrate professional behavior on the gynecology service by:

1) Maintaining a professional attitude with the nursing and ancillary staff.
2) Responding to requested consultations in an appropriate and timely manner.
3) Being prompt to pre-op and the operating room for scheduled cases.

**Goal:** Maintain ethical principles in regard to patient information.

**Objectives:** The resident will demonstrate appropriate patient confidentiality by:
1) Abiding by HIPPA regulations.
2) Not discussing patient information outside of appropriate places.

**Goal:** Be able to obtain informed consent for gynecologic surgery.

**Objectives:** The resident will demonstrate the ability to:
1) Provide appropriate pre-operative assessment and informed consent for minor surgical procedures.
2) Provide assessment, consultation and informed consent for surgical sterilizations.

**Goal:** Be committed to profession development and growth.

**Objectives:** The resident will demonstrate a commitment to their education by:
1) Prepare and participate in morning teaching rounds.
2) Prepare for surgical procedures by reading about new procedures prior to participating in the procedure.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies for inpatient and surgical gynecologic care.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Goal:** Be able to assist the learning of students on gynecology.

**Objectives:** Demonstrate the ability to facilitate medical student learning by:
1) Participation in teaching rounds daily.
2) Providing students with assistance and resources to promote self education.

**Systems-Based Practice**

**Goal:** Establish patterns of safe practice in the operating room.

**Objectives:** The resident will demonstrate:
1) The principles of Crew Resource Management in the operating room and participate in the process to improve patient safety.
2) Appropriate patient safety guidelines for surgical site and patient identification as outlined in NEBRASKA MEDICAL CENTER hospital policy.
3) The ability to appropriately and safely position patients for operative procedures.
4) Appropriate knot tying techniques and appropriate use of surgical instruments, identifying them by name and function.

**Goal:** Understand how insurance affects patient care.

**Objectives:** The resident will demonstrate an understanding of basic insurance plans and how they affect the following:
1) Preoperative planning and evaluations.
2) Postoperative length of stay.
3) Disability and Family Medical Leave Act including required documentation for employers.

**Goal:** Understand billing and coding in the inpatient setting.

**Objective:** The resident will demonstrate familiarity with ICD-9 coding.

**Duties/Responsibilities:**
1) Serve as PGY-1 on the gynecology service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Attend continuity clinic as assigned.
4) Participate and attend daily gynecology teaching conference under the supervision of the chief resident and attending physician.
5) Participate with evaluation of admissions to the gynecology service.
6) Participate on surgical cases as assigned and be available to meet private attending preoperative patients if available.
7) Serve as the designated resident to receive inquiries/triage calls on resident continuity clinic patients with gynecologic problems when patients’ resident provider is not available.
(vacation, etc).

8) Attend Wednesday educational conferences.
9) Attend other conferences as listed.

10) Take night call as assigned.

**Evaluation:**

1) Global evaluation will be performed by the Gynecology physicians at the completion of the rotation.

2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Gynecology at the first year level the following will be required at the completion of the first year: Insertion of an IUD (3), LEEP (2), Colposcopy of the cervix (5), Insertion of trocars (5), Suction D&C (3), Endometrial biopsy (3), Diagnostic cystoscopy (3), Tubal sterilization (3) Hysteroscopy, diagnostic (3).

3) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
University Obstetrics - L&D
Level: PGY-1
Service: University Obstetrics
Length of Rotation: 6 Months

Supervision: PGY-1 OB Supervising Resident → Obstetric Attending
All management decisions will be discussed with the supervising resident and faculty. An attending physician will round daily with the residents and students. Attending coverage for Labor and Delivery/Postpartum and Antenatal Services are assigned and are usually the attending rounding for the day. Attending coverage is assigned to each clinic.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. You will not be on duty for more than 16 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
   c) Medical Ultrasound Safety American Institute of Ultrasound in Medicine, 1994.
      i) Part One: Bioeffects and Biophysics
      ii) Part Two: Prudent Use
      iii) Part Three: Implementing ALARA
   f) ACOG Obstetrics Educational Bulletins
   g) ACOG Precis – Obstetrics
      Either Gabbe or Williams should be read in its entirety during the first year.
   2) Conferences
      a) Daily teaching rounds.
      b) Wednesday educational conferences.
      c) Diagnostics in Obstetrics and Gynecology on Fridays at 0700.

Typical Weekly Assignment:
OBUa – off Tuesday, Wednesday at noon to Thursday at 1 pm and Thursday from 5 to Friday at 6

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Competency Based Educational Goals and Objectives

Patient Care
Goal: Have basic surgical skills in the performance of obstetric procedures.
Objectives: The resident will be able to:
   1) Demonstrate appropriate knot tying techniques.
   2) Demonstrate knowledge of appropriate surgical instruments, identifying them by name
and function.
3) Demonstrate the ability to open and close the abdomen at the time of cesarean delivery.
4) Demonstrate the ability to open and close an infraumbilical incision for postpartum tubal ligation.
5) Demonstrate the ability to perform a postpartum tubal ligation.
6) Demonstrate the ability to perform a primary cesarean section with supervision and assistance.
7) Demonstrates the ability to appropriately and safely position patients for operative procedures.
8) Demonstrate the ability to perform dilation and uterine curettage for completion of a spontaneous abortion with an understanding of vacuum and sharp curettage and the risks of the procedure.
9) Perform elective neonatal circumcisions.

**Goal:** Perform vaginal deliveries competently.

**Objectives:** The resident will be able to:
1) Demonstrate the ability to conduct a normal vaginal delivery with minimal faculty input.
2) Demonstrate the ability to repair a first or second degree perineal laceration or the repair of an episiotomy with minimal faculty input.

**Goal:** Manage uncomplicated labor patients with supervision.

**Objectives:** The resident will be able to:
1) Evaluate patients presenting to labor and delivery and determine if admission for labor is appropriate.
2) Demonstrate the ability to apply internal fetal and uterine monitors.
3) Demonstrate the ability to manage normal labor at term with recognition of the onset of active labor.
4) Demonstrate the ability to appropriately manage common labor abnormalities.
5) Demonstrate the ability to manage labor induction with cervical ripening.
6) Demonstrate the ability to use oxytocin appropriately.

**Goal:** Provide routine inpatient postpartum care.

**Objectives:** The resident will demonstrate the ability to:
1) Manage routine postpartum care.
2) Perform routine postoperative care for patients after postpartum tubal ligation.
3) Perform routine postoperative care for patients after cesarean section.
4) Manage postpartum hemorrhage with supervision.
5) Assess common postpartum/postoperative complications and develop appropriate management plans.

**Goal:** Manage induced abortions and delivery/evacuation of demised fetus.

**Objective:** The resident will demonstrate the ability to:
1) Provide compassionate care to women presenting for induced abortion under institutional guidelines (resident may opt out of participation if they have a moral or religious objection)
2) Manage labor induction with cervical ripening agents and/or oxytocin as indicated.

**Goal:** Manage routine obstetrical care in the outpatient setting.

**Objectives:** The resident will demonstrate the ability to:
1) Manage routine prenatal care including routine screening.
2) Perform early pregnancy assessment.
3) Appropriately utilize ultrasound in pregnancy.
4) Appropriately utilize antenatal testing.
5) Assess patients at risk of complications of pregnancy.

**Goal:** Understand the rationale for routine prenatal testing.

**Objectives:** The resident will demonstrate appropriate ordering of the following laboratory studies:
1) Routine prenatal laboratory studies
2) Screening for fetal malformations.
3) Ultrasound for fetal assessment.
4) Diabetic screening.
5) Screening for an administration of Rhogam.

**Goal:** Be able to recognize and manage common pregnancy complications in the ambulatory setting.

**Objectives:** The resident will be able to outline a plan of the management for:
1) Nausea and vomiting in pregnancy.
2) Vaginal bleeding in pregnancy.
3) Vaginitis in pregnancy.
4) Common gastrointestinal diseases in pregnancy (heartburn),
5) Anemia in pregnancy.
6) Preeclampsia and hypertension in pregnancy.
7) Postpartum contraception.
8) Breastfeeding.

**Goal:** Be able to perform basic fetal assessment with ultrasonography.

**Objectives:** The resident will demonstrate the ability to:
1) Conduct and interpret fetal monitoring for nonstress testing.
2) Perform ultrasound to document an amniotic fluid index.
3) Perform ultrasound assessment for biophysical profile.
4) Demonstrate the ability to document basic fetal biometry for dating and estimated fetal weight.

**Medical Knowledge**

**Goal:** Understand fetal and maternal monitoring used in Labor and Delivery.

**Objectives:** The resident will demonstrate knowledge of the following:
1) Physiologic responses of the fetal heart rate in the antepartum and intrapartum periods.
2) Ability to interpret normal and abnormal patterns of fetal heart rate.
3) Ability to interpret normal and abnormal patterns of maternal uterine contractions.
4) The indications for invasive monitoring in labor.
5) The limitations for fetal heart rate monitoring.

**Goal:** Understand the use of instrumental and cesarean deliveries.

**Objectives:** The resident will know and be able to discuss the following:
1) Indications for vaginal delivery with forceps.
2) Contraindications for vaginal delivery with forceps.
3) Indications for vaginal delivery with vacuum extractor.
4) Contraindications for vaginal delivery with vacuum extractor.
5) Indications for operative abdominal delivery.

**Goal:** Understand the risks associated with the postpartum period.

**Objectives:** The resident will know and be able to discuss the following postpartum complications:
1) Postpartum hemorrhage, acute and subacute.
2) Postpartum sepsis.
3) Postoperative wound complications.
4) Resolution of maternal changes of pregnancy placing patients at risk for complications (cardiac events, chronic hypertension, diabetes, asthma, deep venous thrombosis).

**Goal:** Understand physiology of cervical ripening and labor induction.

**Objectives:** The resident will demonstrate understanding of the following:
1) Agents used for cervical ripening.
2) Contraindications to cervical ripening agents.
3) Risks associated with oxytocin administration.
4) Available mechanical dilators, indications and contraindications.

**Goal:** Identify and initiate treatment for postpartum hemorrhage.

**Objectives:** The resident will demonstrate knowledge of:
1) Agents used to treat postpartum hemorrhage.
2) Risk factors for postpartum hemorrhage.
3) Contraindications for use of agents to treat postpartum hemorrhage.

**Goal:** Understand the rationale for routine prenatal testing

**Objectives:** The resident will demonstrate appropriate ordering of the following laboratory studies:
1) Routine prenatal laboratory studies.
2) Screening for fetal malformations.
3) Ultrasound for fetal assessment.
4) Diabetic screening.
5) Screening for an administration of Rhogam.

**Goal:** Be able to recognize and manage common pregnancy complications in the ambulatory setting.
Objectives: The resident will be able to outline a plan of the management for:
1) Nausea and vomiting in pregnancy.
2) Vaginal bleeding in pregnancy.
3) Vaginitis in pregnancy.
4) Common gastrointestinal diseases in pregnancy (i.e. heartburn).
5) Anemia in pregnancy.
6) Initial therapy for a positive diabetic screen in pregnancy.
7) Preeclampsia and hypertension in pregnancy.
8) Postpartum contraception.
9) Breastfeeding

Goal: Demonstrate knowledge the indications for prenatal assessment.

Objectives: The resident will be able to discuss:
1) Indications for prenatal ultrasound.
2) Indications for genetic counseling in the prenatal period.
3) Indications for antenatal surveillance.
4) Indications for maternal marker screening and first trimester screening for aneuploidy.

Goal: Demonstrate knowledge regarding ultrasound safety and documentation.

Objectives: The residents will be able to discuss:
1) Basic ultrasound physics.
2) Documentation requirements by AIUM for each trimester.

Interpersonal and Communication Skills

Goal: Counsel patients and obtain informed consent for obstetrical procedures.

Objectives: The resident will demonstrate the ability to obtain informed consent, outlining the risks and benefits of the following procedures:
1) Postpartum tubal ligation.
2) Primary cesarean delivery.

Goal: Communicate effectively to discharge patients after delivery.

Objectives: The resident will demonstrate the ability to instruct patients regarding:
1) Discharge instructions after vaginal delivery.
2) Discharge instructions after cesarean delivery.
3) Discharge instructions after tubal ligation.
4) Use of postpartum contraception/initiation of desired contraception.

Goal: Communicate effectively as a member of the healthcare team.

Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

Goal: Obtain informed consent for neonatal circumcision.

Objective: The resident will demonstrate the ability to appropriately counsel parents regarding the risks of newborn circumcision.

Goal: Counsel patients and obtain informed consent for obstetric screening.

Objectives: The resident will be able to obtain informed consent, outlining the risks and benefits of the following studies:
1) HIV screening.
2) Cystic fibrosis screening.
3) First and second trimester screening for aneuploidy.
4) Gestational diabetes.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on labor and delivery where loss of privacy for the patient may occur.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Practice-Based Learning and Improvement**
**Goal:** Identify personal and practice improvement strategies in labor and delivery.
**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Goal:** Use medical evidence to evaluate labor and delivery practices.
**Objectives:** The resident will demonstrate the ability to:
1) Discuss studies regarding labor induction and cervical ripening.
2) Evaluate literature associated with labor and delivery care.

**Systems-Based Practice**
**Goal:** Provide safe patient care in labor and delivery.
**Objectives:** The resident will:
1) Attend Crew Resource Management courses as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Goal:** Discharge patients with appropriate follow up.
**Objectives:** The resident will demonstrate the ability to:
1) Refer patients appropriately to home health services.
2) Refer patients appropriately for psychiatric services.
3) Refer patients appropriately for social services.

**Goal:** Demonstrate familiarity with ultrasound accreditation.
**Objective:** The resident will describe the requirements of The American Institute of Ultrasound in Medicine of ultrasounds in obstetrics.

**Duties/Responsibilities:**
1) Serve as PGY-1 on the obstetrical service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Attend assigned continuity clinic and ultrasound clinics.
4) Attend teaching rounds on the obstetrical service daily.
5) Perform initial evaluation of patients presenting to Labor and Delivery and present these patients to the Chief resident or attending physician, including completing the history and physical sheet.
6) Manage laboring patients and perform deliveries with supervision.
7) Assist with consultations to the Obstetrical service as assigned by the Chief resident.
8) Round on postpartum service patient’s daily (M-F), present patients to the Chief resident and attending at morning rounds.
9) Perform newborn circumcisions with supervision on neonates after Pediatrics evaluation.
10) Attend Wednesday educational conferences.
11) Attend other conferences as listed.
12) Take night call as assigned.

**Evaluation:**
1) Global evaluation will be performed by the Obstetric physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filled out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the first year level the following will be required at the completion of the first year: Vaginal delivery (10), Perineal laceration/Episiotomy repair (5), Circumcision (5), Open and closure of the abdomen (5), Assist on section (3), Primary section (5),
Postpartum tubal (3), Documentation of fetal biometry (1).

3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Gynecologic Oncology

Level: PGY-2

Service: Gynecologic Oncology
Length of Rotation: 3 months

Supervision: PGY-2 — PGY-4 Resident — Oncology Faculty

All management decisions will be discussed with the supervising resident and faculty. An attending physician will round daily with the residents and students on the service. Attending coverage for the Oncology service is assigned by the week.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Required Textbook
   a) Practical Gynecologic Oncology, 5th edition. Berek and Hacker, editors. Lippincott Williams and Wilkins, 2009. This text will be mandatory reading with selected chapters reviewed each week.

2) Supplemental Textbooks

3) Conferences
   a) Gyn/Onc Tumor Conference, Tuesdays at 0700.
   b) Wednesday Educational Conferences
   c) Friday afternoon—Medical student presentations. Review current chemotherapy patients and resident book chapter review.
   d) Diagnostics in Obstetrics and Gynecology as appropriate.

Typical weekly assignments:

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Competency Based Educational Goals and Objectives

Patient Care

Goal: Obtain level appropriate surgical skills in the care of oncology patients.

Objectives: The resident will be able to:

1) Perform examination under anesthesia.
2) Perform the evacuation of molar gestation.
3) Function as the second assistant for radical hysterectomy and pelvic lymphadenectomy.
4) Function as the second assistant for bowel surgery.
5) Function as the second assistant for radical vulvectomy.
6) Function as the second or first assistant for hysterectomy for uterine cancer.
7) Function as the first assist for major vaginal and abdominal cases beginning to gain experience as the primary surgeon.
8) Demonstrate basic skills in operative laparoscopy.
Goal: Appropriately manage oncology patients on the ward and in the intensive care setting.

Objectives: The resident will:
1) Evaluate postoperative oncology patients daily as assigned and develop an understanding of immediate postoperative cancer care.
2) Evaluate patients hospitalized with complications of gynecologic cancers daily as assigned and develop an understanding of the complications of these cancers.
3) Evaluate oncology patients in the outpatient treatment center and emergency room, developing and understanding of acute presentations of complications of cancer.

Goal: Appropriately counsel oncology patients regarding evaluation and treatment.

Objectives: The resident will be able to provide appropriate counseling for:
1) Patients undergoing chemotherapy.
2) Patients undergoing radiation therapy.
3) Patients requiring genetic counseling.
4) Patients requiring multidisciplinary care.
5) Patients requiring counseling for end of life care.

Medical Knowledge

Goal: Be able to use chemotherapeutic agents appropriately

Objectives: The resident will demonstrate the following:
1) List the chemotherapy agents used to treat gynecologic cancers.
2) List the side effects of these agents.
3) List the contraindications for the use of these agents.

Goal: Know the pathologic processes of the female reproductive tract in malignant disease.

Objectives: The resident will demonstrate knowledge of the following:
1) Cancer staging in gynecologic oncology during discussions.
2) Risk factors for gynecologic malignancies during discussions.
3) Epidemiology of gynecologic malignancies during discussions.
4) Histologic and cytologic findings in gynecologic malignancies during discussions.
5) Anatomic changes with gynecologic malignancies during discussions.

Interpersonal and Communication Skills

Goal: Establish effective communication with patients and their families.

Objectives: The resident will be able to:
1) Obtain pertinent history from patients referred for gynecologic cancers.
2) Effectively communicate with patients and families regarding plans for care as indicated by the faculty physician.

Goal: Communicate effectively as a member of the healthcare team.

Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating discharge summaries in timely fashion.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

Practice-Based Learning and Improvement

Goal: Use medical evidence to evaluate patient care practices in oncology.

Objective: The resident will demonstrate the ability to:
1) Discuss studies regarding surgical management of gynecologic cancers.
Evaluate literature associated with chemotherapy and radiation therapy in a critical fashion.

**Goal:** Identify personal and practice improvement strategies for care of the patient with gynecologic cancer.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Systems-Based Practice**

**Goal:** Discharge patients with gynecologic cancers with appropriate follow up.

**Objectives:** The resident will demonstrate the ability to:
1) Refer patients appropriately to home health services.
2) Refer patients appropriately for psychiatric services.
3) Refer patients appropriately for social services.
4) Schedule appropriately timed visits for postoperative care and radiation or chemotherapy.

**Goal:** Provide safe patient care in oncology surgery.

**Objectives:** The resident will:
1) Follow recommended operating room protocols in for patient safety based on the principles of Crew Resource Management.
2) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
3) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Duties and Responsibilities:**
1) Serve as the PGY-2 on the gynecologic oncology service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Assist the senior Gyn Onc resident with preoperative review of laboratory studies, etc. ordered prior to surgery. All abnormal findings must be brought to the attention of the senior resident and attending physician for appropriate patient care.
4) Participate in daily rounds on the oncology service: evaluate patients, outline plan of care, write pertinent orders, and educate medical students.
5) Participate with weekend rounds to assure appropriate continuity of care for patients.
6) The Gyn/Onc residents are expected to know the detailed history and status of all in-house patients including any problems, all consult recommendations, laboratory results, and X-rays.
7) Progress notes will be written by a Gyn/Onc resident each morning and placed in the patient chart prior to morning rounds.
8) Evaluate and present to the supervising resident and attending physician outpatients from the emergency room or clinic. Assist with evaluation of patients and their admission on the oncology service and the general gynecology service as needed.
9) All clinic notes, H&P’s, discharge summaries and tumor conference notes will be sent to referring physicians, primary care physician and any others involved in the care of the patients. The Gyn/Onc resident is expected to dictate the name and address of each physician to whom correspondence will be sent.
10) Contact the senior resident or attending oncologist with any questions or problems.
11) Participate in surgical procedures as assigned.
12) Triage calls, if requested by the Gyn/Onc staff.
13) Prepare and present cases at weekly oncology conference as assigned.
14) Attend continuity clinic as assigned.
15) Take night call and late stay duty as assigned.

**Evaluation:**
1) Global evaluation will be performed by the Gynecologic Oncology attending physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms
are collected in the resident portfolio to demonstrate improved surgical skills. For Oncology at the second year level the following will be required at the completion of the second year: Assist on laparoscopy/robot (4), Open and closure of the abdomen in malignancy (4), Vulvar biopsy (2), Wide local excision of a vulvar lesion (2), Colposcopy and biopsy of the female genital tract (4), laser ablation of the vulva (1).

3) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Intensive Care Unit/Critical Care
Level: PGY-2

Service: Intensive Care Unit/Critical Care
Length of Rotation: 1 Month

Supervision: PGY-2 IM Resident Critical Care Fellow CCM Attending
All management decisions will be discussed with the supervising fellow and faculty. There is an in house supervising resident that can be called on if necessary for assistance. An attending physician will round daily with the residents and students on the service. Attending coverage for the CCM service is by Pulmonary Medicine.

Duty Hours:
1) On Call Responsibility
2) The residents on Critical Care Medicine service will be assigned a 24-hour/3rd or 4th day call rotation and will be expected to be in house and available during that entire time. The only exceptions to this rule are illness, outpatient clinic obligations, or other arrangements previously made with the CCM fellow and attending.
3) The non-post call residents will be expected to stay until their work is done. It would be unusual that this would occur before 5pm on non-post call days.
4) New patients that are seen after hours should be seen promptly by CCM resident who will, after making a quick assessment, call the fellow. For unstable or decompensating patients it is imperative that the resident, fellow and attending be readily available to come to the bedside so that the highest quality of care can be delivered. Fellows covering the weekends will be expected to see all new consults even if initially seen and evaluated by the resident.
5) The on-call CCM resident also carries a code pager. The house officer is responsible for attending all adult code blues while carrying the pager. The house officer may not leave the hospital while carrying the code pager.
6) The UNMC Chief Resident makes the call schedule for the CCM rotation. Please contact him or her if you have any special requests.
7) Vacation: Residents are not allowed to take vacation on the CCM rotation

Educational Activities:
1) Textbooks
   a. A general internal medicine textbook, i.e., Harrison’s or Cecil’s is a good source for background information, to be used in conjunction with journal articles and Up to Date. Multiple resources are provided in the residents’ lounge or via electronic means
2) Conferences
   a. A schedule of the required CCM lectures will be distributed at the beginning of the month.
   b. Noon Conference Tuesdays and Thursdays at noon, Grand Rounds every Friday at noon in the Durham Research Center.
   c. Periodic senior seminars held Tuesday evenings at 5:30 pm in the Eppley Science Hall.

Competency Based Educational Goals and Objectives
Patient Care
Goal: Obtain history, physical findings in a critically ill patient efficiently.
Objectives: The residents will:
1) Demonstrate physical examination skills appropriate to various critical presentations.
2) Identify historical facts suggestive of an immediate threat to survival.
3) Demonstrate the ability to obtain a comprehensive and accurate history of present illness in critical illnesses.
4) Demonstrate the ability to prioritize patient care needs.
Goal: Develop procedure skills needed in the care of critically ill patients.
Objectives: As the opportunity arises, the resident will demonstrate the ability to:
1) Perform thoracentesis, diagnostic and therapeutic.
2) Perform paracentesis, diagnostic and therapeutic.
3) Perform lumbar puncture.
4) Place a central venous line and interpret hemodynamic data from the catheter.
5) Place an arterial line.
6) Perform arterial puncture to obtain arterial blood gases.
7) Perform tuberculin skin testing.
8) Perform endotracheal intubation.
9) Interpret ventilatory needs and manage mechanical ventilation.

**Goal:** Appropriately ask for and utilize consulting physicians.

**Objective:** The resident will evaluate each patient to determine the need for specialized testing and learn the indications for involvement of other specialists in the care of the patient.

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**Medical Knowledge**

**Goal:** Understand the use of radiographic tests in critically ill patients.

**Objectives:** The resident will be able to:

1) Appropriately choose radiographic studies based on patient presentation.
2) Interpret radiographic tests related to pulmonary diseases including chest roentgenograms, computed axial tomography scans, ventilation/perfusion studies and standard or computed axial tomography scans for pulmonary angiography.
3) Establish appropriate therapeutic plans for patients based on these studies.

**Goal:** Interpret electrocardiogram (EKG) studies.

**Objectives:** The resident will demonstrate the ability to:

1) Interpret EKG studies accurately.
2) Order laboratory test that are appropriate based on the EKG.

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**Interpersonal and Communication Skills**

**Goal:** Provide clear, concise and legible notes to assure communication in critically ill patients.

**Objectives:** The resident will:

1) Document initial findings of the history and physical examination and dictate this report.
2) Outline an assessment and therapeutic plan on the day of admission.
3) Document daily findings and therapeutic plans.
4) Document in the chart and dictate consultations which directly answer the questions asked by the primary care provider.

**Goal:** Establish acceptable sources of information in critically ill patients.

**Objective:** The resident will demonstrate the ability to utilize multiple sources to obtain information in patients who are comatose, including the patient’s family, friends and other health care providers.

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**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:

1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites in the intensive care unit where loss of privacy for the patient may occur.
3) Knowledge of HIPPA compliance as it pertains to the critically ill patient.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:

1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Goal:** Apply professional behaviors during the ICU rotation.

**Objectives:** The resident will:

1) Remain in or near the intensive Care Unit to help with other ICU responsibilities when on call.
2) Attend all lectures.
3) Assist in teaching the medical students.
4) Comply with duty hours for the rotation.
5) Check out patients in detail to both the on-call resident and the CCM fellow prior to
leaving the hospital.

**Practice-Based Learning and Improvement**

**Goal:** Develop an understanding of critical illness.

**Objective:** The resident will acquire a general knowledge of the medical literature regarding the current state of the art regarding the diagnosis and therapy of patients with critical illness seen while on the service.

**Systems-Based Practice**

**Goal:** Provide appropriate care for the critically ill patient.

**Objective:** The resident will prepare a diagnostic and management plan on admission as well as assist in planning transfer from the ICU.

**Duties and Responsibilities:**

1. Specific responsibilities include:
   a. Examine their patients at least daily
   b. Review the laboratory, x-ray, and other new studies at least daily.
   c. Write an admission note and dictate the history and physical at the time of admission. In the case of CCM consultations, a brief note must be written in the chart at the time of initial consultation. A formal consultation note must be dictated after the patient has been staffed. All notes must be timed and dated.
   d. Write daily progress notes. When a student is helping the resident the student may write the progress note. However, the resident must review and edit this note to make sure it is correct prior to rounds each morning. The note must include the overall assessment and plan for the day. All notes must be time and dated.
   e. Write all orders for their patients. The fellow and staff will also be able to write orders in the absence of the resident. Students may write orders on patients they are following but the orders must be co-signed by the appropriate resident or fellow. Each resident must review their patients’ orders daily and sign all verbal orders within 24 hours of placement. To facilitate correct entry of orders into the Care Cast computer system, all orders must be timed and dated and the resident’s Care Cast ID number must be written next to their signature.
   f. Dictate either discharge summaries or death summaries when any patient leaves the Intensive Care Unit. This must be done within 24 hours of discharge or death. In the case of transfers to the floor, a hand written transfer note, appropriate orders, and checkout to the receiving team is sufficient. When a complicated patient has been in the Intensive Care Unit for a long period of time, the resident should dictate an interim hospitalization summary at the end of the month so that the next resident who is on this service will have this available and will make the final discharge or death summary much simpler.
   g. All transfers to the floor must be discussed with the fellow or the attending. Transfer orders must be written and the primary team who will accept the patient notified about the transfer before the patient can leave the ICU. To insure a smooth transition of care to the ward team, transfer orders should include the following “Please page Dr. __________ (the accepting resident) to acknowledge these orders”.
   h. Perform all procedures on their patients (with the exception of bronchoscopy) after they have discussed this with the CCM fellow and/or the attending staff. The resident should not perform any invasive procedures until they have been adequately supervised by the fellow and/or attending physician. It will remain the option of the fellow to do the procedure. However, it is expected that the residents will perform the majority of the invasive procedures at the discretion of the fellow.
   i. Remain in or near the intensive Care Unit to help with other ICU responsibilities, attend all lectures, and help teach the medical students on days when they are not post-call or on-call. The exception to this is the day after overnight call. Each resident is only allowed to work 24 hours continuously with an additional 6 hours to complete patient care responsibilities and attend required conferences as provided by the ACGME Common Program Requirements. Prior to leaving the
hospital, the post-call resident must check out their patients in detail to both the on-call resident and the CCM fellow. If the patient load for a particular resident becomes unwieldy, patients can be reassigned to another resident on the team at the discretion of the fellow or attending. In this way, the numbers of patients can be distributed in an equitable way.

j. Carefully check out their patients to the resident on call prior to leaving the hospital on non-call days. The resident taking call is responsible for all the patients on the CCM team after check-out has occurred. This is also true for coverage after checkout on weekends.

k. Attend all Critical Care lectures. All efforts must be made to attend these teaching sessions. With the exception of a true medical emergency or a standing outpatient clinic obligation, attendance at these lectures is required.

2) Education

a. Supervision of medical students and other students assigned to the CCM service in a role as instructor and preceptor shall be a responsibility of the house officer. The resident will supervise and teach the students who are assigned to their patients. The resident should assist the students in discussing physical findings, defining problems and differential diagnoses, and developing treatment plans for their shared patients. The resident must also review and cosign all orders and notes written by the students prior to attending rounds each morning.

Evaluation:

1) At the conclusion of each resident's service period, a performance evaluation must be prepared by the responsible attending physician. The assessment should be reviewed personally by the internal medicine resident in the presence of the attending physician.

2) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.

Instructions: Please review the Rotation Specific Objectives prior to starting the CCM Rotation. Please contact your attending physician for the month if you have any questions regarding the rotation.
Methodist Obstetrics - L&D

Level: PGY-2

Service: Methodist Obstetrics
Length of Rotation: 3 Months

Supervision: PGY-2 Obstetric Attending
All management decisions will be discussed with the supervising faculty. An attending physician will round daily with the residents and students. Attending coverage for Labor and Delivery/Postpartum are assigned and are usually the attending rounding for the day. Attending coverage is assigned to each clinic.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. Call is from home after regular working hours. You will not be on in hospital duty for more than 28 consecutive hours.
If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
2) Conferences
   a) Wednesday Educational Conferences.

Typical Weekly Assignment:

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Competency Based Educational Goals and Objectives

Patient Care
Goal: Improve surgical skills in the performance of obstetric procedures.
Objectives: The resident will be able to:
1) Demonstrate the ability to perform a primary cesarean section with supervision and assistance.
2) Demonstrate the ability to perform dilation and uterine curettage for completion of a spontaneous abortion with an understanding of vacuum and sharp curettage and the risks of the procedure.
3) Perform elective neonatal circumcisions.
Goal: Perform vaginal deliveries competently.
Objectives: The resident will be able to:
1) Demonstrate the ability to conduct a normal vaginal delivery with minimal faculty input.
2) Demonstrate the ability to repair a first or second degree perineal laceration or the repair of an episiotomy with minimal faculty input.
Goal: Manage uncomplicated labor patients with supervision.
Objectives: The resident will be able to:
1) Evaluate patients presenting to labor and delivery and determine if admission for labor is
appropriate.
2) Demonstrate the ability to apply internal fetal and uterine monitors.
3) Demonstrate the ability to manage normal labor at term with recognition of the onset of active labor.
4) Demonstrate the ability to appropriately manage common labor abnormalities.
5) Demonstrate the ability to manage labor induction with cervical ripening.
6) Demonstrate the ability to use oxytocin appropriately.

**Goal:** Provide routine inpatient postpartum care.

**Objectives:** The resident will demonstrate the ability to:
1) Manage routine postpartum care.
2) Perform routine postoperative care for patients after postpartum tubal ligation.
3) Perform routine postoperative care for patients after cesarean section.
4) Manage postpartum hemorrhage with supervision.
5) Assess common postpartum/postoperative complications and develop appropriate management plans.

**Medical Knowledge**

**Goal:** Understand fetal and maternal monitoring used in Labor and Delivery.

**Objectives:** The resident will demonstrate knowledge of the following:
1) Physiologic responses of the fetal heart rate in the antepartum and intrapartum periods.
2) Ability to interpret normal and abnormal patterns of fetal heart rate.
3) Ability to interpret normal and abnormal patterns of maternal uterine contractions.
4) The indications for invasive monitoring in labor.
5) The limitations for fetal heart rate monitoring.

**Goal:** Understand the use of instrumental and cesarean deliveries.

**Objectives:** The resident will know and be able to discuss the following:
1) Indications for vaginal delivery with forceps.
2) Contraindications for vaginal delivery with forceps.
3) Indications for vaginal delivery with vacuum extractor.
4) Contraindications for vaginal delivery with vacuum extractor.
5) Indications for operative abdominal delivery.

**Goal:** Understand the risks associated with the postpartum period.

**Objectives:** The resident will know and be able to discuss the following postpartum complications:
1) Postpartum hemorrhage, acute and subacute.
2) Postpartum sepsis.
3) Postoperative wound complications.
4) Resolution of maternal changes of pregnancy placing patients at risk for complications (cardiac events, chronic hypertension, diabetes, asthma, deep venous thrombosis).

**Goal:** Understand physiology of cervical ripening and labor induction.

**Objectives:** The resident will demonstrate understanding of the following:
1) Agents used for cervical ripening.
2) Contraindications to cervical ripening agents.
3) Risks associated with oxytocin administration.
4) Available mechanical dilators, indications and contraindications.

**Goal:** Identify and initiate treatment for postpartum hemorrhage.

**Objectives:** The resident will demonstrate knowledge of:
1) Agents used to treat postpartum hemorrhage.
2) Risk factors for postpartum hemorrhage.
3) Contraindications for use of agents to treat postpartum hemorrhage.

**Goal:** Demonstrate knowledge the indications for prenatal assessment.

**Objectives:** The resident will be able to discuss:
5) Indications for prenatal ultrasound.
6) Indications for genetic counseling in the prenatal period.
7) Indications for antenatal surveillance.
8) Indications for maternal marker screening and first trimester screening for aneuploidy.

**Goal:** Demonstrate knowledge regarding ultrasound safety and documentation.

**Objectives:** The residents will be able to discuss:
1) Basic ultrasound physics.
2) Documentation requirements by AIUM for each trimester.
**Interpersonal and Communication Skills**

**Goal:** Counsel patients and obtain informed consent for obstetrical procedures.

**Objectives:** The resident will demonstrate the ability to obtain informed consent, outlining the risks and benefits of the following procedures:
1) Postpartum tubal ligation.
2) Primary cesarean delivery.

**Goal:** Communicate effectively to discharge patients after delivery.

**Objectives:** The resident will demonstrate the ability to instruct patients regarding:
1) Discharge instructions after vaginal delivery.
2) Discharge instructions after cesarean delivery.
3) Discharge instructions after tubal ligation.
4) Use of postpartum contraception/initiation of desired contraception.

**Goal:** Communicate effectively as a member of the healthcare team.

**Objectives:** The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

**Goal:** Obtain informed consent for neonatal circumcision.

**Objective:** The resident will demonstrate the ability to appropriately counsel parents regarding the risks of newborn circumcision.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) The ability to protect health-related patient information per HIPAA compliance.
2) List and be aware of sites on labor and delivery where loss of privacy for the patient may occur.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies in labor and delivery.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Goal:** Use medical evidence to evaluate labor and delivery practices.

**Objectives:** The resident will demonstrate the ability to:
1) Discuss studies regarding labor induction and cervical ripening.
2) Evaluate literature associated with labor and delivery care.

**Systems-Based Practice**

**Goal:** Provide safe patient care in labor and delivery.

**Objectives:** The resident will:
1) Follow recommended protocols in labor and delivery for patient safety.
2) Demonstrate compliance with Methodist Women’s Hospital policy for surgical site identification.
3) Demonstrate compliance with Methodist Women’s Hospital policy for patient identification.

**Goal:** Discharge patients with appropriate follow up.

**Objectives:** The resident will demonstrate the ability to:
1) Refer patients appropriately to home health services.
2) Refer patients appropriately for psychiatric services.
3) Refer patients appropriately for social services.

**Duties/Responsibilities:**
1) Serve as PGY-2 on the obstetrical service at Methodist Women’s Hospital.
2) Carry the Methodist OB pager during the day (402-221-1900).
3) The resident will have a goal of 30 SVDs in 6 weeks or 2 deliveries per day on L&D.
4) Appropriate, professional supervision of student teaching in light of educational goals.
5) Attend assigned continuity clinics.
6) Perform initial evaluation of patients presenting to Labor and Delivery and present these patients to the attending physician.
7) Manage laboring patients and perform deliveries with supervision attending at morning rounds.
8) Attend Wednesday educational conferences.
9) Attend other conferences as listed.
10) Take home call as assigned.

**Evaluation:**
1) Global evaluation will be performed by the Obstetric physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filled out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the second year level the following will be required at the completion of the second year: Vaginal delivery (5), Perineal laceration/Episiotomy repair (5), Primary section (5), Postpartum tubal (3).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
University Obstetrics
Level: PGY-2

Service: University Obstetrics
Length of Rotation: 3 months during which 4 to 6 weeks will be night float

Supervision: HOII ———- Chief Resident ———- Attending Physician
All management decisions will be discussed with the chief resident and/or faculty. An attending physician will round daily with the residents and students. Attending coverage for Labor and Delivery/Postpartum and Antenatal Services are assigned and are usually the attending rounding for the day. Attending coverage is assigned to each clinic.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
3) Recommended Reading

4) Conferences
   a) Daily teaching rounds.
   b) High Risk Planning Conference as assigned.
   c) Wednesday Educational Conferences.
   d) Diagnostics in Obstetrics and Gynecology.

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Competency Based Educational Goals and Objectives
Patient Care
In addition to procedures listed in previous levels of training, the resident should understand the following procedures including indications, contraindications, and principles and be able to perform them with appropriate faculty and/or chief resident guidance and supervision:

Goal: Provide complete patient management for outlet and low operative vaginal deliveries.

Objectives: The resident will be able to:
1) Appropriately counseling patients regarding the indications for a low or outlet forceps delivery.
2) Appropriately counseling patients regarding the indications for a low or outlet vacuum
3) Appropriately place forceps for a low or outlet delivery.
4) Appropriately place the vacuum cup for a low or outlet delivery.
5) Provide postoperative management for low or outlet deliveries

**Goal:** Evaluate and manage a patient with retained placenta.

**Objectives:** The resident will be able to:
1) Evaluate the placenta for evidence of retention of placental fragments.
2) Utilize physical examination and ultrasound in the evaluation of the uterus for retained placenta.
3) Appropriately counsel patients requiring removal of placental tissue.
4) Complete removal of a placenta by manual removal or uterine curettage.

**Goal:** Manage patients presenting with breech presentation.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate a patient with breech presentation.
2) Appropriate counsel patients regarding appropriate management.
3) Perform external cephalic version appropriately.
4) Safely delivery fetuses with breech presentation.

**Goal:** Provide intrapartum management for patients with multiple gestations.

**Objectives:** The resident will demonstrate the ability to:
1) Provide appropriate intrapartum management of multiple gestations including counseling regarding delivery options, intrapartum evaluation and fetal monitoring.
2) Perform delivery of multiple gestations including, ultrasound guidance for vaginal delivery, delivery of the second twin and cesarean delivery as appropriate.

**Goal:** Provide intrapartum management for patients with diabete mellitus.

**Objectives:** The resident will demonstrate the ability to:
1) Discuss the principles of glycemic control during labor.
2) Evaluate the patient with diabetes for abnormal fetal growth.
3) Provide appropriate insulin therapy during labor for a patient with diabetes.

**Goal:** Provide appropriate care for patients with complications during the pregnancy.

**Objectives:** The resident will demonstrate the ability to manage patients with:
1) Postpartum hemorrhage.
2) Third trimester bleeding.
3) Postpartum hypertension
4) Postpartum diabetes management.

**Medical Knowledge**

**Goal:** Know the diagnostic evaluation for third trimester bleeding and its management.

**Objectives:** The resident will demonstrate:
1) Knowledge of the evaluation of third trimester bleeding.
2) Knowledge of the different diagnosis for third trimester bleeding.
3) Knowledge of the use of ultrasound in the evaluation and management of third trimester bleeding.
4) The ability to discuss the indications and requirements for a double setup examination.

**Goal:** Be able to identify and evaluate fetuses at risk for anomalies.

**Objectives:** The resident will demonstrate the ability to:
1) Identify risk factors for fetal anomalies.
2) Describe the indications for prenatal diagnosis.
3) Describe findings of maternal marker screening that place the fetus at risk for anomalies.
4) Describe anomalies that would require premature delivery.

**Goal:** Understand the risks of cardiac disease in the pregnant female.

**Objectives:** The resident will demonstrate an understanding of the following:
1) Cardiac disease that has minimal effect on the course of pregnancy and delivery.
2) Cardiac disease that can have a significant effect on maternal morbidity and mortality.
3) Hemodynamic changes of pregnancy that can adversely affect the mother.
4) Patients with cardiac disease that are at risk for fetal malformations.

**Goal:** Understand the concepts for operative vaginal delivery.

**Objectives:** The resident will be able to discuss:
1) The indications for forceps and vacuum deliveries.
2) The classification of operative vaginal delivery, outlet vs. low vs. midpelvic delivery.
3) The contraindications for operative delivery.
4) The different types of forceps and indicated uses for each type.

**Goal:** Understand the concepts of obstetrical anesthesia.

**Objectives:** The resident will be able to discuss:
1) The use of local anesthetics in obstetrics, including indications and contraindications.
2) The use of regional anesthesia in obstetrics, including indications and contraindications.
3) The common side effects of regional anesthesia.
4) The use of general anesthesia in obstetrics including the indications and contraindications.

**Interpersonal and Communication Skills**

**Goal:** The resident will communicate in a professional manner with the obstetric service at the Nebraska Medical Center.

**Objectives:** The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

**Goal:** Provide appropriate counseling regarding fetal aneuploidy screening in pregnancy.

**Objectives:** The resident will appropriately counsel patients:
1) Regarding the implications of first trimester screening (Serum and NT screening).
2) Regarding the implications of second trimester screening (Quadruple marker screening).
3) With a positive screen in either trimester.
4) Regarding the risks of an abnormal quad screen with a normal fetus.

**Goal:** Provide appropriate counseling for patients with fetal malformations.

**Objectives:** The resident will be able to appropriately counsel for:
1) Parents in which the diagnosis of a fetal malformation has occurred.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Goal:** Obtain informed consent for obstetrics procedures.

**Objectives:** The resident will demonstrate the ability to:
1) Obtain informed consent appropriately for cesarean delivery.
2) Obtain informed consent appropriately for operative vaginal delivery.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies in labor and delivery.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Goal:** Utilize scientific evidence to evaluate the care of patients with preterm labor.

**Objectives:** The resident will demonstrate an understanding of:
1) The scientific evidence regarding the use of tocolytic agents.
2) The scientific evidence regarding the use of steroids in the premature fetus.
3) The scientific evidence regarding the use of tocolytic agents with premature rupture of membranes.

**Goal:** Utilize scientific evidence to evaluate the care of patients with preeclampsia.

**Objectives:** The resident will demonstrate an understanding of:
1) The scientific evidence regarding the use of magnesium sulfate for seizure prophylaxis.
2) The scientific evidence regarding the use of antihypertensive agents in pregnancy.
3) The scientific evidence available for the etiology of preeclampsia.

**Systems-Based Practice**

**Goal:** Provide safe patient care in labor and delivery.

**Objectives:** The resident will:

1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Duties/Responsibilities:**

1) Serve as PGY-2 on the obstetric service.
2) Appropriate, professional supervision of student teaching in light of educational goals, appropriate supervision of junior residents.
3) Attend continuity clinic as assigned.
4) Supervise and assist with daily rounds, participating in teaching rounds for the obstetrical service daily.
5) Supervise and assist first year residents and medical students as assigned in Labor and Delivery.
6) Manage laboring patients and perform deliveries as assigned. Overseeing the unit activities when the senior resident on duty.
7) Schedule procedures for Labor and Delivery.
8) Evaluate Obstetrical consults from other services and maternal transports as needed.
9) Communicate directly and effectively with the attending physician on duty when the senior resident is absent or not immediately available.
10) Participate with chart review and patient visits in High-Risk Clinic as assigned, serving as the primary resident in this clinic as assigned.
11) Attend Wednesday educational conferences while on days.
12) Alternate night coverage with the HOIII on service, covering three weeks per rotation.

**Evaluation:**

1) Global evaluation will be performed by the Obstetrics physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the second and third year level the following will be required at the completion of the rotation: Operative management of repeat cesarean section (6), Surgical management of breech presentation (2), Operative vaginal delivery (2), Stat cesarean delivery (1), Repair of a third or fourth degree laceration (2).
3) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Reproductive Endocrine

Level: PGY-2

Service: Reproductive Endocrinology with the Heartland Center
Length of Rotation: 3 months

Supervision: HOII ——— REI Attending
The resident will work directly with the two attending physicians at Heartland Reproductive Medicine.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
      Lippincott Williams & Wilken, 2010.
2) Conferences
   a) Wednesday Education Conferences

Typical call assignment:
This resident will be assigned in house call at the Nebraska Medical Center 1 or 2 times per month on the weekends.

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Competency Based Educational Goals and Objectives

Patient Care
Goal: Be able to manage patients with symptomatic leiomyoma.
Objectives: The resident will demonstrate the ability to:
   1) Evaluate patients with symptoms consistent with leiomyoma.
   2) Counsel patients regarding the management options for leiomyoma.
   3) Perform open myomectomy.

Goal: Be able to evaluate patients with primary infertility
Objectives: The resident will be able to:
   1) Obtain a complete history from a couple with concerns about fertility.
   2) Complete a physical examination on the female partner.
   3) Obtain appropriate laboratory studies in the infertile couple.
   4) Order, perform and interpret hysterosalpingograms as indicated.

Goal: Competently manage patients undergoing hysteroscopic evaluations and procedures.
Objectives: The resident will demonstrate the ability to:
   1) Evaluate patients with symptoms of intrauterine abnormalities.
   2) Counsel patients regarding the risks and potential benefits of hysteroscopy.
   3) Perform diagnostic and operative hysteroscopy.

Goal: Competently manage patients undergoing laparoscopic procedures.
Objectives: The resident will demonstrate the ability to:
   1) Evaluate patients with symptoms of pelvic pain.
   2) Evaluate patients with symptoms of endometriosis.
   3) Evaluate patients with symptoms of infertility.
   4) Counsel patients regarding the risks and potential benefits of laparoscopic surgery.
   5) Perform diagnostic and operative laparoscopy.

Goal: Manage or assist in the management of patients requiring ovulation induction.
Objectives: The resident will demonstrate the ability to:
1) Evaluate patients for abnormalities in ovulation.
2) Initiate ovulation induction.
3) Determine the efficacy of ovulation induction agents using ultrasound.
4) Assist with follicle aspiration and transvaginal embryo transfer.

**Goal:** Manage patients with ectopic pregnancy.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate patients with abnormally rising hCG levels.
2) Utilize ultrasound to assist in the diagnosis of an ectopic pregnancy.
3) Medically manage ectopic pregnancy.
4) Know the criteria for surgical and medical management of ectopic pregnancies.

**Goal:** Manage patients with endocrinopathies.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate and treat hirsutism.
2) Evaluate and treat primary and secondary amenorrhea.
3) Evaluate and treat abnormal uterine bleeding.
4) Evaluate and treat hyperprolactinemia.
5) Evaluate and treat menopause.

**Goal:** Utilize ultrasound appropriately in the evaluation and management of patients with infertility.

**Objectives:** The resident will be able to:
1) Evaluate patients with transvaginal ultrasound for follicular development.
2) Evaluate patients with transvaginal ultrasound for identification of pelvic structures.
3) Evaluate patients with transvaginal ultrasound of the assessment of first trimester pregnancy.

**Medical Knowledge**

**Goal:** Understand the etiologies of infertility.

**Objectives:** The resident will be able to discuss:
1) The common etiologies of primary female infertility.
2) The common etiologies of primary male infertility.
3) The common etiologies of secondary female infertility.
4) The common etiologies of secondary male infertility.

**Goal:** Understand the etiology and pathophysiology of endocrinopathies.

**Objectives:** The resident will demonstrate the ability to discuss the etiologies and pathophysiology of:
1) Hirsutism.
2) Primary and secondary amenorrhea.
3) Abnormal uterine bleeding.
4) Hyperprolactinemia.
5) Menopause.

**Goal:** Understand the process of artificial insemination.

**Objectives:** The resident will be able to discuss:
1) The appropriate technique for artificial insemination.
2) The risks of artificial insemination.

**Interpersonal and Communication Skills**

**Goal:** The resident will communicate in a professional manner with the reproductive endocrine service at the Nebraska Medical Center.

**Objectives:** The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

**Goal:** The resident will communicate in a compassionate fashion to effectively exchange information to patients.

**Objective:** The resident will demonstrate ability to prepare and counsel a patient for ART.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:

1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies for inpatient and surgical gynecologic care.

**Objectives:** The resident will demonstrate:

1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Systems-Based Practice**

**Goal:** Provide safe patient care at the Nebraska Medical Center and Heartland Center for Reproductive Medicine.

**Objectives:** The resident will:

1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Duties and Responsibilities:**

1) Service as resident on reproductive endocrine service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Attend continuity clinics as assigned.
4) Participate in surgical procedures on RE patients.
5) Evaluate and manage patients in the infertility clinic as directed.
6) Attend Wednesday morning educational conferences.
7) Attend other conferences as listed.
8) Take night call at UNMC as assigned.

**Evaluation:**

1) Global evaluation will be performed by the Reproductive Endocrine physicians at the completion of the rotation.

2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For REI at the second and third year level the following will be required at the completion of the rotation: Diagnostic/operative laparoscopy (6), Hysterosalpingogram or sonohysterography (6), Myomectomy (3), Transvaginal ultrasound (10), Operative hysteroscopy (3).

3) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Gynecology Methodist

Level: PGY-3

Service: Methodist Gynecology
Length of Rotation: 3 months

**Supervision:** PGY-3 Methodist Faculty
All management decisions will be discussed with the Methodist faculty. An attending physician will round daily with the residents and students.

**Duty Hours:**
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. Call is from home after regular working hours. You will not be on in hospital duty for more than 28 consecutive hours.
If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

**Educational Activities:**
1) **Recommended Reading**
   g) ACOG Gynecology Educational Bulletins
   h) *ACOG Precis -- Gynecology*
   k) A video library of surgical procedures is available in Labor and Delivery at Methodist Hospital.
2) **Attend scheduled gynecology teaching**.

**Typical weekly assignment:**
This resident will participate in the call pool for Methodist Women’s Hospital. This will typically be two weekends per month and no weekdays. Family planning clinic participation will usually be on the 1st and 3rd Fridays of the month. (*Residents who elect not to participate in induced abortion due to moral or religious objection will remain at Methodist for Friday gynecology cases.*)

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**Competency Based Educational Goals and Objectives**

**Patient Care**

**Goal:** Competently perform hysterectomies.

**Objectives:** The resident will demonstrate the ability to perform:
1) Abdominal hysterectomy
2) Vaginal hysterectomy
Goal: Competently care for patients in the perioperative period.

Objectives: The resident will demonstrate the ability to:
1) Perform preoperative evaluation of the gynecologic patient.
2) Secure appropriate postoperative orders.
3) Perform postoperative evaluation and management of the gynecologic patient.

Goal: Provide appropriate care to women seeking information regarding pregnancy alternatives, including induced abortion. (*Residents who decide not to perform induced abortion because of moral or religious objection should still be able to counsel patients, make referrals, and manage postabortal complications.)

Objectives: The resident will demonstrate the ability to:
1) Counsel a pregnant woman on the options available to her, including induced abortion.
2) Elicit a pertinent history from a patient requesting induced abortion.
3) Perform a targeted ultrasound to confirm the presence of an intrauterine pregnancy, accurately determine gestational age, and identify other abnormal physical findings that may influence the choice of abortion method.
4) Counsel a patient on techniques for pregnancy termination (suction curettage, dilation and evacuation, medical abortion, induction termination).
5) Manage postabortal complications.

Medical Knowledge

Goal: Understand the pelvic anatomy essential to the performance of hysterectomies.

Objectives: The resident will demonstrate the ability to perform:
1) Anatomy of the abdominal hysterectomy
2) Anatomy of the vaginal hysterectomy.

Goal: Become knowledgeable regarding induced abortion.

Objectives: The resident should be able to:
1) Describe principle techniques for pregnancy termination.
2) Describe the principle complications of induced abortion and their management.
3) Be familiar with state and federal laws concerning induced abortion.

Interpersonal and Communication Skills

Goal: The resident will communicate in a professional manner with the providers of gynecologic care at the Nebraska Methodist Women’s Hospital.

Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out to the attending physician.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Nursing and support staff.
2) Supervising faculty.
3) Consulting residents.
4) Physician peers.

Practice-Based Learning and Improvement

Goal: Identify personal and practice improvement strategies for inpatient and surgical gynecologic care.

Objectives: The resident will demonstrate:
1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.
Systems-Based Practice

Goal: Provide safe patient care at the Nebraska Methodist Women’s Hospital.

Objectives: The resident will:

1) Comply with intra-operative safety concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with the institution’s policy for surgical site identification.
4) Demonstrate compliance with institution’s policy for patient identification.

Duties/Responsibilities:

1) Serve as resident physician on the Methodist gynecology service.
2) Attend continuity clinic as assigned.
3) Carry the Methodist pager (402-221-1890) for the gynecology service.
4) Participate in the operating room with gynecologic surgeries emphasizing vaginal and abdominal surgery, procedures for urinary incontinence, and operative laparoscopy.
5) Review weekly surgical schedule online (Cerner) and send weekly email to Methodist gynecology faculty and program director indicating coverage plan for all Methodist services.
6) The following attending physicians have high interest in resident education and should be given first priority. The resident is encouraged to operate with any of the Methodist Ob/Gyns:
   a. Paige Berryman, M.D.
   b. Julie Bishop, M.D.
   c. Mark Carlson, M.D.
   d. Lanette Guthmann, M.D.
   e. Michelle Knolla, M.D.
   f. Carolee Jones, M.D.
   g. Tom Martin, M.D.
   h. Judith Scott, D.O.
   i. Tiffany Somer-Shely, M.D.
   j. Bill Weidner, M.D.
7) Participate in postoperative care of patients admitted to the hospital.
8) Participate in the dictation and maintenance of the medical record in patients.
9) Participate in in-office gynecology procedures when available.
10) Take call for Methodist Women’s Hospital as assigned.
11) Attend Wednesday educational conferences.

Evaluation:

1) Global evaluations by the faculty will be compiled by Dr. Judith Scott at the end of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Gynecology at the third year level the following will be required at the completion of the rotation: Abdominal hysterectomy (4), Vaginal hysterectomy (4), Laparoscopic hysterectomy (4), Operative/diagnostic laparoscopy (4 each), Hysteroscopy (4), Hysteroscopic sterilization (1), Endometrial ablation (3), Cystoscopy (3).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
High Risk Obstetrics Methodist

Level: PGY-3

Service: Methodist Perinatal Medicine

Length of Rotation: 3 months

Supervision: PGY-3 Methodist Maternal Fetal Medicine Faculty

All management decisions will be discussed with the Methodist faculty. An attending physician will round daily with the residents and students.

Duty Hours:

Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. Call is from home after regular working hours. You will not be on in hospital duty for more than 28 consecutive hours.

If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:

1) Recommended Reading

2) Conferences
   a) Ultrasound educational conferences, in conjunction with Children’s Hospital, as scheduled.
   b) Wednesday Educational Conferences.

Typical weekly assignment:

This resident will participate in the call pool for Methodist Women’s Hospital. This will typically be no weekends per month and 4 days per week.

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Competency Based Educational Goals and Objectives

Patient Care

Goal: The resident will improve their skills in cesarean deliveries.

Objectives: The resident will demonstrate the ability to:

1) Perform primary and repeat cesarean sections with minimal assistance.
2) Perform classical cesarean sections with minimal assistance.

Goal: The resident will improve their skills at operative vaginal delivery.

Objectives: The resident will demonstrate the ability to:

1) Perform outlet forceps deliveries with assistance.
2) Perform low forceps deliveries with assistance.

Goal: The resident will be able to evaluate and manage multiple gestations requiring hospitalization.

Objectives: The resident will demonstrate:

1) The ability to evaluate patients with multiple gestations for complications in pregnancy such as preterm labor and hypertensive disease.
2) The ability to manage multiple gestations requiring hospitalization with supervision.
3) The ability to manage labor and deliver a twin gestation.

Goal: The resident will be able to evaluate and manage patients with preterm labor.
**Objectives:** The resident will demonstrate the ability to:

1. Evaluate patients presenting with signs and symptoms of preterm labor.
2. Determine if patients are candidates for tocolytic therapy.
3. Manage patients on tocolytic agents with supervision.
4. Determine if patients are candidates for steroid therapy for fetal maturation.

**Goal:** The resident will be able to perform mid trimester pregnancy terminations and delivery/evacuation of the demised fetus. (*The resident may opt out of performing terminations based on moral or religious objection, but knowledge of these procedures and their complications is required.)*

**Objectives:** The resident will demonstrate:

1. Awareness of the regulations of the State of Nebraska regarding termination of pregnancy.
2. Ability to perform medical or surgical pregnancy termination and management of second trimester loss.

**Goal:** The resident will be able to evaluate and manage complications of pregnancy with supervision.

**Objectives:** The resident will demonstrate the ability to:

1. Evaluate and manage intrauterine fetal death.
2. Evaluate and manage hypertension in pregnancy.
3. Evaluate and manage diabetes mellitus in pregnancy.
4. Manage postpartum hemorrhage.

**Goal:** The resident will learn basic amniocentesis skills.

**Objectives:** The resident will demonstrate:

1. Knowledge of indications for amniocentesis.
2. Understanding of the complications of amniocentesis.
3. The ability to perform amniocentesis with supervision.

**Medical Knowledge**

**Goal:** The resident will advance their knowledge of ultrasound in pregnancy.

**Objectives:** The resident will demonstrate the ability to:

1. Utilize ultrasound in the inpatient setting to evaluate fetal well being.
2. Utilize ultrasound to determine estimated fetal weight and gestational age.
3. Understand the limitations of ultrasound in pregnancy.

**Interpersonal and Communication Skills**

**Goal:** The resident will provide appropriate counseling and communication with patients hospitalized with pregnancy complications.

**Objectives:** The resident will demonstrate the ability to:

1. Counsel patients regarding gestational age related concerns such as administration of tocolytic agents, risks of neonatal mortality, administration of steroids and route of delivery.
2. Counsel patients regarding the risks and side effects of tocolysis.

**Goal:** The resident will communicate in a professional manner with the perinatal team at Methodist.

**Objectives:** The resident will demonstrate the ability to communicate effectively by:

1. Providing appropriate check out when handing patients to another team member.
2. Requesting consults from other services with appropriate information.
3. Dictating operative reports in a timely fashion.
4. Dictating discharge summaries in timely fashion.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:

1. The ability to protect health-related patient information per HIPPA compliance.
2. List and be aware of sites on the ward where loss of privacy for the patient may occur.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:

1. Medical students.
2. Nursing and support staff.
3. Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Goal:** The residents will perform on this rotation without signs of impairment from fatigue.

**Objectives:** As this rotation has out of hospital call the resident will:
1) Monitor themselves for symptoms of impairment from fatigue.
2) Alert the attending physicians if they are in violation of duty hours.
3) Alert the attending physicians if they are fatigued and unable to care for patients.

**Practice-Based Learning and Improvement**

**Goal:** Identify practice improvement strategies in patients with preterm labor.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) The ability to use medical information to support their educational experience.
3) The ability to appraise new information regarding the management of preterm labor.

**Goal:** Identify practice improvement strategies during cesarean delivery.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback via surgical skills forms.
2) The ability to assist medical students on rotation during cesarean delivery.

**Systems-Based Practice**

**Goal:** Understand the differences in community health care systems.

**Objectives:** The resident will describe:
1) Community systems for health care.
2) Common methods for health care reimbursement.

**Duties/Responsibilities:**
1) Attend continuity clinic as assigned.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Carry the Methodist call pager (402-221-1551) for the perinatal service.
4) Perform initial evaluation of maternal transports and antenatal patients admitted to Methodist Hospital.
5) Assist with or perform procedures in Labor and Delivery including interpretation of fetal heart rate strips, amniotomies, acoustic stimulation, scalp stimulation, deliveries, amniocentesis, and fetal ultrasounds.
6) Assist the perinatologists with fetal assessment and management of antenatal patients.
7) Participate with daily rounds on patients on the maternal fetal medicine service. This includes rounding with the medical students and participating in teaching rounds.
8) Attend Wednesday Educational Conferences.

**Evaluation:**
1) Global evaluation will be performed by the Methodist Maternal-Fetal Medicine physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the third level at Methodist the following will be required at the completion of the rotation: Complete operative management of cesarean section (6), Operative vaginal delivery (4), Multifetal deliveries (4), Cerclage (1), Dilation and evacuation of the uterus in the second trimester (1), Amniocentesis (1).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
University Obstetrics
Level: PGY-3

Service: University Obstetrics
Length of Rotation: 3 months

Supervision: HOIII → Chief Resident → Attending Faculty

All management decisions will be discussed with the chief resident and faculty. An attending physician will round daily with the residents and students. Attending coverage for Labor and Delivery/Postpartum and Antenatal Services are assigned each night via the faculty call schedule.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading: Review of either text a or b and completion of c and d is recommended in this year of training.
2) Conferences:
   a) Daily teaching rounds.
   b) Wednesday educational conferences.
   c) Diagnostics in Obstetrics and Gynecology.

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Competency Based Educational Goals and Objectives

Patient Care
In addition to procedures listed in previous levels of training, the resident should understand the following procedures including indications, contraindications, and principles and be able to perform them with appropriate faculty and/or chief resident guidance and supervision:

**Goal:** Provide intrapartum management for patients with multiple gestations.

**Objectives:** The resident will demonstrate the ability to:
1) Provide appropriate intrapartum management of multiple gestations including
counseling regarding delivery options, intrapartum evaluation and fetal monitoring.

2) Perform delivery of multiple gestations including, ultrasound guidance for vaginal
delivery, delivery of the second twin and cesarean delivery as appropriate.

**Goal:** Be able to manage the patient with postpartum hemorrhage

**Objectives:** The resident will demonstrate the ability to:
1) Diagnose and evaluate patients with postpartum bleeding.
2) Demonstrate appropriate use of medications to treat postpartum hemorrhage.
3) Demonstrate the ability to appropriately use surgical methods to treat postpartum hemorrhage.

**Goal:** Demonstrate improved surgical skills with cesarean delivery.

**Objectives:** The resident will be able to:
1) Perform a primary cesarean delivery with minimal attending physician assistance.
2) Perform repeat cesarean sections with appropriate attending physician assistance.

**Goal:** Provide appropriate care for patients with pregnancy loss in the first or second trimester.

**Objectives:** The resident will be able to:
1) Perform mechanical dilation of the cervix for evacuation of the uterus.
2) Perform placement of osmotic dilators to allow for evacuation of the uterus.
3) Utilize prostaglandins for cervical dilation to allow for evacuation of the uterus.

**Goal:** Provide appropriate repair for patients with perineal lacerations.

**Objectives:** The resident will demonstrate the ability to:
1) Repair perineal lacerations.
2) 3rd degree perineal lacerations.
3) 4th degree lacerations.
4) Repair of cervical lacerations.
5) Repair of vaginal lacerations.
6) Exploration and repair of vaginal and vulvar hematomas.
7) Appropriately perform episiotomy and complete the repair.

**Goal:** Provide appropriate care for patients with preterm labor.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate patients with uterine contractions and appropriately diagnose preterm labor.
2) Initiate tocolytic therapy appropriately.
3) Manage patients on tocolytic therapy.
4) Appropriately administer steroids for fetal maturation.

**Goal:** Provide appropriate care for patients with preterm rupture of membranes

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate patients with symptoms of ruptured membranes prematurely and appropriate
diagnose preterm premature rupture of membranes.
2) Initiate appropriate antibiotic therapy for PROM.
3) Manage patients with preterm rupture of membranes regarding steroids and tocolytic therapy.

**Goal:** Provide appropriate care for patients requiring labor induction.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate patients with indications for labor induction.
2) Appropriate initiate medical management for cervical ripening.
3) Appropriately initiate oxytocin for induction of labor.
4) Appropriately utilize mechanical dilation to assist with induction of labor.

**Goal:** Provide appropriate intrapartum management based on fetal assessment.

**Objectives:** The resident will demonstrate the ability to:
1) Assess the fetal status based on intrapartum fetal cardiac monitoring.
2) Assess the fetal status with biophysical assessment as indicated.
3) Assess the fetal status with the use of fetal stimulation, scalp and acoustic.

**Medical Knowledge**

**Goal:** Understand the concepts for operative vaginal delivery.

**Objectives:** The resident will be able to discuss:
1) The indications for forceps and vacuum deliveries.
2) The classification of operative vaginal delivery, outlet vs. low vs. midpelvic delivery.
3) The contraindications for operative delivery.
4) The different types of forceps and indicated uses for each type.

**Goal:** Understand the concepts of obstetrical anesthesia.
Objectives: The resident will be able to discuss:
1) The use of local anesthetics in obstetrics, including indications and contraindications.
2) The use of regional anesthesia in obstetrics, including indications and contraindications.
3) The common side effects of regional anesthesia.
4) The use of general anesthesia in obstetrics including the indications and contraindications.

Goal: Understand the concepts which are the basis for fetal assessment.

Objectives: The resident will be able to discuss:
1) Fetal mechanisms for maintenance of normal fetal heart rate.
2) The requirements for biophysical assessment and the physiologic mechanisms to maintain normal status.
3) The mechanisms involved in evoked fetal heart rate acceleration with scalp and acoustic stimulation.

Goal: Understand the concepts involved in labor induction.

Objectives: The resident will be able to discuss:
1) The mechanism of prostaglandins in cervical ripening.
2) The mechanism of action of oxytocin.

Interpersonal and Communication Skills

Goal: The resident will communicate in a professional manner with the obstetric service at the Nebraska Medical Center.

Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in timely fashion.

Goal: Provide appropriate counseling regarding the diagnosis and treatment of preterm labor.

Objectives: The resident will be able to appropriately counsel patients:
1) Counsel patients regarding gestational age related concerns such as administration of tocolytic agents, risks of neonatal mortality, administration of steroids and route of delivery.
2) Counsel patients regarding the risks and side effects of tocolysis.

Goal: Provide appropriate counseling for patients with preeclampsia.

Objectives: The resident will be able to appropriately counseling for:
1) Counsel patients regarding gestational age related concerns such as risks of neonatal mortality, administration of steroids and route of delivery.
2) Counsel patients regarding the indications for delivery and risks of preeclampsia.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

Practice-Based Learning and Improvement

Goal: Identify personal and practice improvement strategies in labor and delivery.

Objective: The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Goal: Utilize scientific evidence to evaluate the care of patients with preterm labor.

Objectives: The resident will demonstrate an understanding of:
1) The scientific evidence regarding the use of tocolytic agents.
2) The scientific evidence regarding the use of steroids in the premature fetus.
3) The scientific evidence regarding the use of tocolytics agents with premature rupture of membranes.

**Goal:** Utilize scientific evidence to evaluate the care of patients with preeclampsia.

**Objectives:** The resident will demonstrate an understanding of:
1) The scientific evidence regarding the use of magnesium sulfate for seizure prophylaxis.
2) The scientific evidence regarding the use of antihypertensive agents in pregnancy.
3) The scientific evidence available for the etiology of preeclampsia.

**Systems-Based Practice**

**Goal:** Provide safe patient care in labor and delivery.

**Objectives:** The resident will:
1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Duties/Responsibilities:**
1) Serve as PGY-3 on the obstetrical service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Attend teaching rounds for the obstetrical service daily.
4) Assist and supervise the first year resident and medical students with postpartum rounds daily (M-F).
5) Manage laboring patients and perform deliveries as assigned.
6) Evaluate patients in the obstetric clinic in the event of an unappointed patient.
7) Assist with chart review and patient visits in High-Risk Clinic as assigned.
8) Assist with evaluation and admission of complicated obstetric patients and maternal transports.
9) Attend other conferences as listed.
10) Take night call as assigned.

**Evaluation:**
1) Global evaluation will be performed by the Obstetrics physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the third year level the following will be required at the completion of the rotation: Operative management of repeat cesarean section (6), Management of multifetal delivery (2), Operative vaginal delivery (3), Stat cesarean delivery (1), Repair of a third/fourth degree laceration (2).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Ambulatory Medicine
Level: PGY-3

Length of Rotation: 1 month with a second month or an elective month

Description of Ambulatory Medicine:
One to two months are spent on this rotation in the third year of training. This clinical experience provides exposure and education in a variety of ambulatory settings around specific women’s health topics. The schedule for this rotation is below followed by the description of the individual learning objectives for each element.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. You will not be on duty for more than 24 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1. Recommended Reading
   a) Selected articles as assigned by attending physicians.

2. Conferences
   d) Pre-operative Gynecology Conference on Wednesdays.
   e) Wednesday educational conferences in Ob/Gyn department.
   f) Diagnostics in Obstetrics and Gynecology on Fridays.

Typical weekly assignment: with 2 to 3 weekend calls per month

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1) Ambulatory Women’s Health Care

Supervision: Resident Clinic Specific Attending
This portion of the rotation comprises set clinic hours with Ob/Gyn faculty at UNMC and Methodist Women’s and UNMC Endocrinology faculty. Clinic locations vary.

Competency Based Educational Goals and Objectives
Patient Care
Goal: Perform evaluation of pediatric and adolescent patients with gynecologic concerns.
Objectives: The resident will demonstrate the ability to:
   1) Elicit a history and focused physical examination appropriate to the patient’s age.
   2) Perform and/or interpret tests to diagnose gynecologic disorders in pediatric patients.
   3) Counsel a patient and her family about prognosis and effect of specific conditions on reproduction.
   4) Perform a sexual history on an adolescent patient, and be able to appropriately counsel the patient on contraceptive options and high risk sexual behavior.
Goal: Gather essential information about patients, develop, negotiate and implement effective
management plans in endocrinology patients.

**Objective:** The resident will demonstrate the ability to:

1) Elicit a pertinent history in a patient with suspected diabetes mellitus.
2) Describe the use of diet, hypoglycemic agents, and insulin for the treatment of diabetes mellitus.
3) Elicit a pertinent history and perform a targeted physical exam to evaluate the patient with thyroid disease.
4) Interpret the results of selected diagnostic tests to diagnose and/or manage patients with hypothyroidism and hyperthyroidism.

**Goal:** Evaluate and manage patients with gestational diabetes including diet and medical management.

**Objectives:** The resident will demonstrate the ability to:

1) Diagnose gestational diabetes
2) Interpret patient records and laboratory values to determine adequacy of glycemic control
3) Initiate medical therapy as indicated
4) Determine the adequacy of oral medication in the pregnant patient
5) Determine the adequacy of insulin regimens in the pregnant patient

**Goal:** Evaluate and manage women with common breast complaints.

**Objectives:** The resident will demonstrate the ability to:

1) Perform a focused physical examination of the breast to evaluate for abnormalities.
2) Describe the indications for breast imaging, and interpret results of imaging studies.
3) Describe indication for and perform and/or interpret diagnostic breast procedures (fine needle aspiration, cyst aspiration, core needle biopsy, and excisional breast biopsy).

**Goal:** Evaluate and manage women with chronic pelvic pain.

**Objectives:** The resident will demonstrate the ability to:

1) Elicit a pertinent medical, menstrual, and sexual history in a woman with CPP.
2) Elicit a relevant social and mental health history in a woman with CPP.
3) Perform focused physical exam in a CPP patient to attempt to localize the pain.
4) Perform and/or interpret the results of selected diagnostic tests.
5) Treat patients with CPP using surgical and non-surgical approaches.
6) Describe appropriate long term goals and follow up for patients with CPP.
7) Be able to provide counseling to patients regarding common interventions for CPP and approximate success rates.

**Medical Knowledge**

**Goal:** Be knowledgeable of common gynecologic problems in pediatric/adolescent patients.

**Objective:** The resident will be able to describe gynecologic problems experienced by pediatric and adolescent patients including:

1) vulvovaginitis, vulvar disease, prepubertal vaginal bleeding, trauma, foreign body in the vagina, sexual abuse, ab normal pubertal development, ambiguous genitalia, irregular menses, dysmenorrhea, high risk sexual behavior, need for contraception, sexual abuse, and breast and pelvic masses.

**Goal:** Be knowledgeable regarding diabetes mellitus in women.

**Objectives:** The resident will be able to:

1) Describe the American Diabetes Association classification of diabetes mellitus.
2) Describe risk factors for diabetes mellitus.
3) Describe signs and symptoms of diabetes mellitus.

**Goal:** Be knowledgeable regarding the evaluation and management of thyroid disease.

**Objective:** The resident will be able to:

1) Describe the most common causes of hypothyroidism and hyperthyroidism.
2) Describe the most common signs and symptoms of thyroid disease.

**Goal:** Understand the maternal physiologic changes that result in abnormal glycemic control.

**Objectives:** The resident will be able to discuss:

1) Common risk factors for gestational diabetes.
2) Maternal hormonal influences that alter glycemic control.

**Goal:** Be knowledgeable regarding breast cancer risk factors.

**Objective:** The resident will be able to:

1) Summarize the genetic basis for hereditary cancer syndromes, including breast, ovarian, colon, and endometrial cancer syndromes.
2) Understand the basis of the Gail Model, and appropriate uses for this risk assessment tool.
3) Identify histologic risk factors for breast cancer.
4) Identify women at high risk for breast cancer, and summarize appropriate risk reduction strategies and options for enhanced surveillance.

Goal: Be knowledgeable of benign disorders of the breast.
Objective: Describe the clinical history and pathophysiology of conditions affecting the breast including:
1) Breast mass, breast pain, nipple discharge, infection, asymmetry, underdevelopment, commonly identified skin conditions affecting the breast.

Goal: Be knowledgeable regarding chronic pelvic pain and its principle causes.
Objective: The resident will be able to:
2) Define chronic pelvic pain.
3) Outline the principle gynecologic and non-gynecologic causes, and pathophysiology of each.

Interpersonal and Communication Skills

Goal: Communicate effectively with patients and families.
Objectives: The resident will demonstrate the ability to:
1) Counsel patients appropriately on age specific health screening and preventive medicine/cancer screening.
2) Screen and counsel patients desiring assistance with smoking cessation, exercise, stress management, nutrition and weight control, substance use/abuse, domestic violence, sexual dysfunction and depression.

Goal: Communicate effectively as a part of the health care team.
Objectives: The resident will demonstrate the ability to:
1) Complete patient encounter records in a timely fashion.
2) Communicate effectively with the attending in clinic regarding the evaluation and plan of management for each patient.
3) Demonstrate appropriate documentation for clinic visits.
4) Complete dictations within 24 hours of all patient encounters in the clinic.

Professionalism

Goal: Apply professional behaviors to the clinic setting.
Objectives: The resident will demonstrate professional behavior in the Olson Center by:
1) Maintaining a professional attitude with the nursing and ancillary staff.
2) Evaluating assigned patients in an appropriate and timely manner.
3) Being prompt to clinic on the assigned days.

Goal: Maintain ethical principles in regard to patient information.
Objectives: The resident will demonstrate appropriate patient confidentiality by:
1) Abiding by HIPPA regulations.
2) Not discussing patient information outside of appropriate places.

Goal: Be committed to profession development and growth.
Objective: The resident will demonstrate a commitment to their education by being prepared to participate in clinical teaching.

Practice-Based Learning and Improvement

Goal: Identify personal and practice improvement strategies in continuity clinic.
Objectives: The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Systems-Based Practice

Goal: Begin to understand practice models of care delivery.
Objective: Understand indications for referral to subspecialty services within the Ob/Gyn field, and to other specialties.
Goal: Understand multidisciplinary care models for treatment of complex medical conditions.
Objective: Identify appropriate clinical indications for multidisciplinary care in the context of
women’s health. Be able to coordinate multidisciplinary care teams. Examples include:
   1) Chronic pelvic pain (physical therapy, pain specialists, Ob/Gyns, Psychiatry, etc.)
   2) Breast diseases (Radiology, Ob/Gyn, Surgery, Genetic counselors)

**Goal:** Understand billing and coding for the clinical setting.
**Objectives:** The resident will demonstrate familiarity with:
   1) ICD-9 coding and appropriate clinic billing for services.
   2) Medicare documentation requirements.

**Duties/Responsibilities:**
1) Attend continuity clinics as assigned.
2) Attend clinics in the Olson Center or at Methodist Women’s Center as assigned.
3) Attend Wednesday educational conferences.
4) Take night call as assigned on the Ob/Gyn service.

**Evaluation:**
1) Global evaluation will be performed by the clinical faculty at the completion of the rotation.
2) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Benign Gynecology

Level: PGY-4

Service: University Gynecology
Length of Rotation: 4 months

Supervision: Chief Resident    Faculty
Independent activity with supervision by the attending physician assigned to the gynecology service. Attending coverage for in-house and emergency room patient consultations is assigned as the daily Gyn Rounder.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
   f) ACOG Gynecology Educational Bulletins
   g) ACOG Precis – Gynecology
   i) ACOG Gynecology Educational Bulletins.
   j) ACOG Precis – Gynecology.
   k) ACOG Primer on Primary Care.
2) Conferences
   a) Pre-op Gynecology Conference on Wednesdays.
   b) Wednesday educational conferences.
   c) Teaching conference on Thursdays with attending physicians, residents, and students scheduled as scheduled weekly topics assigned, time based on clinical activity for the day.
   d) Diagnostics in Obstetrics and Gynecology on Fridays at 0700.
   e) Student presentations.

Typical call assignment:
This resident will be responsible for assuring that all patients on the gynecology service are rounded on over the weekends either personally, or by assignment to another resident on the service. In house call at the Nebraska Medical Center will be 1 or 2 per month on the weekends.

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Competency Based Educational Goals and Objectives

Patient Care
In the fourth year of training, the resident should demonstrate an understanding of gynecologic procedures indications, contraindications, and principles and be able to perform them
independently (proficiency at the level appropriate to warrant hospital credentialing for independent performance of the procedure).

**Goal:** Demonstrate the ability to perform minor gynecologic procedures.

**Objectives:** The resident will demonstrate the ability to perform:

1) An appropriate examination under anesthesia.
2) Cervical conization and LEEP.
3) Suction dilation and curettage for incomplete and missed abortions.
4) Excision/marsupulization of vulvar Bartholin’s cyst and excision of other vulvar masses.
5) Diagnostic hysteroscopy and dilation and curettage.
6) Operative hysterectomy with polypectomy, submucosal fibroid ablation or resection, thermal ablation technique.

**Goal:** Demonstrate the ability to perform laparoscopic procedures.

**Objectives:** The resident will demonstrate the ability to perform:

1) Diagnostic laparoscopy- insufflation, placement of trocars.
2) Laparoscopic tubal ligation.
3) Operative laparoscopy for minor lysis of adhesions, adnexal surgeries such as cystectomy or oophorectomy, salpingostomy or salpingectomy for ectopic pregnancy, fulguration of endometriosis.

**Goal:** Demonstrate the ability to perform major gynecologic procedures.

**Objectives:** The resident will demonstrate the ability to perform:

1) Transvaginal hysterectomy with bilateral salpingo-oophorectomy.
2) Transabdominal hysterectomy with bilateral salpingo-oophorectomy.
3) Laparoscopic-assisted vaginal hysterectomy with ligation of round ligaments and removal of the adnexa (see below for more advanced laparoscopic procedures).
4) Abdominal myomectomy.
5) Exploratory laparotomy for ectopic pregnancy, pelvic masses.
6) Proficient entry into previously scarred abdomen.
7) Repair of cystotomy, perform cystoscopy.
8) Open appendectomy.
9) Opening of retroperitoneal space and identify ureters.
11) Placement of transvaginal tape.
12) Diagnostic cystoscopy.

**Goal:** Provide postoperative care to patients after gynecologic surgery.

**Objectives:** The resident will demonstrate the ability to:

1) Evaluate and manage intraoperative and postoperative bleeding.
2) Evaluate and manage postoperative wound infections.
3) Evaluate and manage postoperative wound complications such as pain and separation.
4) Evaluate and manage the exacerbation of chronic conditions (cardiac events, chronic hypertension, diabetes, asthma, deep venous thrombosis) in the postoperative patient.

**Goal:** Provide appropriate intraoperative management.

**Objectives:** The resident will demonstrate an understanding of the appropriate surgical approach to each patient based on the diagnosis (choice of abdominal, vaginal, laparoscopic technique).

At the completion of the PGY-4 year on Benign Gynecology service, the resident will understand the concepts for the following procedures, including indications, contraindications, and principles and may be able to assist with varying degrees of proficiency, but would not be expected to be proficient enough to obtain hospital credentialing. Work in post graduate area or with senior partners may be necessary before enough proficiency is gained to be sole operator in all the following cases:

**Goals:** Demonstrate the ability to perform procedures with appropriate assistance.

**Objective:** The resident will demonstrate knowledge of the following procedures, but may require additional cases to reach competency in independent performance:

1) Primary/management of sacrospinous ligament fixation.
3) Repair of injuries or fistulas involving the bladder and rectum.
4) Surgical management of urethral diverticulum.
5) Enterocele repair.
6) Advanced laparoscopic gynecology cases: laparoscopic hysterectomy with ligation of
uterine vessels, total laparoscopic hysterectomy with or without BSO, appendectomy.
7) Urogynecology procedures- transvaginal tape, sling, SSLS, vault suspension.
8) Laser surgery of vulva or intraperitoneal use of endometriosis.

**Medical Knowledge**

**Goal:** Know the common gynecologic problems presenting emergently.

**Objective:** The resident will be able to demonstrate knowledge of the evaluation and management of the following emergent situations:
1) Ectopic pregnancy.
2) First trimester bleeding.
3) Ovarian torsion or symptomatic masses.
4) Pelvic inflammatory disease.
5) Severe menorrhagia episodes, and dysfunctional uterine bleeding.
6) Abdominal and pelvic pain.
7) Pelvic trauma.

**Goal:** Know the common problems seen in the inpatient setting requiring consultation by other health care providers.

**Objectives:** The resident will demonstrate knowledge of the evaluation and management of common gynecologic problems resulting in consultation. These include but are not limited to:
1) Postmenopausal bleeding in patients with other medical conditions.
2) Menometorrhagia.
3) Possible pelvic inflammatory disease
4) pelvic masses,
5) Contraception plans.
6) Pelvic floor prolapse and pessary care.

**Interpersonal and Communication Skills**

**Goal:** Document intraoperative findings in an appropriate and timely manner.

**Objectives:** The resident will demonstrate the ability to:
1) Dictate appropriate reports regarding intraoperative findings and performed surgical procedures.
2) Dictate discharge reports.
3) Communicate effectively with community resources for postoperative care.

**Goal:** Communicate effectively as a consulting physician.

**Objective:** The resident will demonstrate the ability to provide timely consultation as requested, fulfilling documentation and communication with the referring service in a timely fashion.

**Goal:** Serve as the supervising resident for the gynecology service for the Department of Obstetrics.

**Objectives:** The resident will:
1) Communicate directly with the medical students regarding their role in patient care.
2) Communicate directly with the other residents regarding their role in patient care.
3) Communicate directly with attending physician on duty.

**Goal:** Provide appropriate counseling for patients diagnosed with gynecologic malignancies.

**Objectives:** The resident will demonstrate the ability to effectively and empathetically counsel patients regarding:
1) The diagnosis of a gynecologic malignancy.
2) The risks and benefits of chemotherapy.
3) The risks and benefits of radiation therapy.
4) The risks and benefits of surgical therapy.

**Professionalism**

**Goal:** Describe the ethical concepts for appropriate patient care.

**Objectives:** The resident will be able to describe each of the following as it pertains to the patient with gynecologic disorders:
1) Patient autonomy.
2) Beneficence.
3) Justice.
4) Nonmalefeasance.

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.
3) Assure that residents and students under their supervision follow the guidelines for patient confidentiality.

**Goal:** Maintain appropriate professional relationships.

**Objectives:** The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

**Practice-Based Learning and Improvement**

**Goal:** Identify personal and practice improvement strategies for inpatient and surgical gynecologic care.

**Objectives:** The resident will demonstrate:
1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

**Goal:** Be able to assist the learning of students on gynecology.

**Objectives:** Demonstrate the ability to facilitate medical student learning by:
1) Participation in teaching rounds daily.
2) Providing students with assistance and resources to promote self education.

**Systems-Based Practice**

**Goal:** Establish patterns of safe practice in the operating room.

**Objectives:** The resident will demonstrate:
1) The principles of Crew Resource Management in the operating room and participate in the process to improve patient safety.
2) Appropriate patient safety guidelines for surgical site and patient identification as outlined in NEBRASKA MEDICAL CENTER hospital policy.
3) The ability to appropriately and safely position patients for operative procedures.
4) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
5) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

**Goal:** Understand how insurance affects patient care.

**Objectives:** The resident will demonstrate an understanding of basic insurance plans and how they affect the following:
1) Preoperative planning and evaluations.
2) Postoperative length of stay.
3) Disability and Family Medical Leave Act including required documentation for employers.

**Goal:** Understand billing and coding in the inpatient setting.

**Objective:** The resident will demonstrate familiarity with ICD-9 coding.

**Duties and Responsibilities:**
1) Serve as senior resident on the gynecology service with other residents, supervising staff, nursing staff, and medical students.
2) Appropriate, professional supervision of student teaching in light of educational goals, appropriate supervision of junior residents.
3) Attend Gynecology clinic on Wednesday afternoon. Assist the first, second and third year residents with scheduling procedures from the Continuity Clinics.
4) Participate and attend gynecology teaching conferences under the supervision of the attending physician.
5) Supervise rounds on all hospitalized patients. Coordinate weekend rounds with other members of the gynecology team.
6) Perform and supervise evaluation of admissions to the gynecology service.
7) Participate in scheduling of surgical cases, keeping a working knowledge of all scheduled cases. This includes discussion of preoperative evaluation and planned procedure with
the responsible attending physician.

8) Assign/coordinate surgical case responsibilities and assure resident participation on all cases.
9) Evaluate each admitted gynecology patient and write admission note.
10) Receive and triage all consult calls from the ED and in-patient wards with faculty supervision.
11) Attend Wednesday Educational Conferences.
12) Prepare and present weekly cases at Case Conference.
13) Take call as assigned.

Evaluation:
1) Global evaluation will be performed by the General Obstetrics and Gynecology physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the second and third year level the following will be required at the completion of the rotation: Abdominal hysterectomy (6), Vaginal hysterectomy (6), Laparoscopic hysterectomy (3), Exploration of the abdomen (3), Operative laparoscopy (3).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Gynecologic Oncology
Level: PGY-4

Service: Oncology
Length of Rotation: 4 months

Supervision: PGY-4 Resident → Oncology Faculty
All resident activity is directly supervised by the attending physician assigned to the oncology service. An attending physician will round daily with the residents and students on the service. Attending coverage for the Oncology service is assigned by the week.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
4) Required Textbook
   a) Practical Gynecologic Oncology, 5th edition. Berek and Hacker, editors. Lippincott Williams and Wilkins, 2009. This text will be mandatory reading with selected chapters reviewed each week.
5) Supplemental Textbooks
6) Conferences
   a) Gyn/Onc Tumor Conference, Tuesdays at 0700.
   b) Wednesday Educational Conferences
   c) Friday afternoon—Medical student presentations. Review current chemotherapy patients and resident book chapter review.
   d) Diagnostics in Obstetrics and Gynecology as appropriate.

Typical call assignment:
This resident will be responsible for assuring that any inpatients on the gynecologic oncology service are rounded on during the weekends, either personally or by assignment to another resident on the service. In house call at the Nebraska Medical Center will be 1 or 2 per month on the weekends.

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Competency Based Educational Goals and Objectives
Patient Care: In the fourth year of training, the resident should demonstrate an understanding of procedures used in the treatment of gynecologic cancers including indications, contraindications, and principles and be able to perform them independently (proficiency at the level appropriate to warrant hospital credentialing for independent performance of the procedure).

Goal: Be able to appropriately evaluate patients with the diagnosis of premalignant changes.

Objectives: The resident will demonstrate the ability evaluate, manage, counsel and provide long term follow up for patients with:
1) Cervical dysplasia.
2) Vaginal dysplasia.
3) Vulvar dysplasia.

**Goal:** Be able to appropriately evaluate patients with the diagnosis of gynecologic malignancy.

**Objectives:** The resident will demonstrate the ability:
1) Assist in the initial evaluation of patients with gynecologic cancer.
2) Obtain an appropriate history from patients with gynecologic cancer.
3) Perform an appropriate physical examination, focusing on site of malignant spread.

In the fourth year of training, the resident should demonstrate an understanding of procedures used in the treatment of gynecologic cancers including indications, contraindications, and principles and be able to perform them with appropriate faculty supervision.

**Goal:** Be able to perform appropriate procedures for care of patients with gynecologic malignancy.

**Objectives:** The resident will demonstrate the ability to:
1) Perform an examination under anesthesia with proctoscopy and cystoscopy as indicated.
2) Evacuation of molar gestation.
3) First assist major vaginal and abdominal cases.
4) Perform appropriate aspects of cases utilizing operative laparoscopy.
5) Place central venous catheters.

**Goal:** Be able to effectively perform the role of second assistant in surgical cases with invasive gynecologic disease.

**Objectives:** The resident will be able to second assist with:
1) Radical hysterectomy and pelvic lymphadenectomy.
2) Bowel surgery in patients with gynecologic cancers.
3) Radical vulvectomy.
4) Hysterectomy for uterine cancer.

**Goal:** Provide postoperative care for the oncology patient.

**Objectives:** The resident will demonstrate the ability to:
1) Provide fluid management in the oncology patient.
2) Provide postoperative wound management in the oncology patient.
3) Provide care in the intensive care setting with supervision.
4) Provide appropriate management of chemotherapy with supervision.
5) Provide appropriate outpatient and emergent postoperative management with supervision.

**Goal:** Provide care to women with symptoms of breast cancer or a known breast cancer diagnosis.

**Objectives:** The resident will be able to:
1) Perform an appropriate physical exam and order and/or perform and interpret diagnostic tests in women presenting with symptoms of breast cancer.
2) Inform and counsel women regarding results of diagnostic tests and breast cancer diagnosis when appropriate.
3) Make appropriate referrals to multidisciplinary specialists for the treatment of breast cancer.
4) Understand the psychosocial impact of gynecologic and breast cancer diagnosis and make appropriate referrals for support groups, and mental and sexual health professionals.
5) Manage the adverse effects of antiestrogen medications (tamoxifen and aromatase inhibitors).

**Goal:** Provide cancer risk assessment to women with personal or family history of breast and/or gynecologic cancer and other cancer risk factors.

**Objectives:** The resident should be able to:
1) Evaluate a patient’s personal or family history of cancer, and make appropriate referrals to genetic counseling services.
2) Interpret results of genetic testing in light of patient’s personal and family history.
3) Evaluate for epidemiologic risk factors for breast cancer, including patient age, parity, ethnicity, lactation history, hormone replacement, and alcohol consumption.
4) Identify candidates for enhanced screening for breast cancer, and provide appropriate screening services and counseling.
5) Counsel patients regarding breast cancer prevention strategies.
6) Provide recommended screening and prevention services to women with known BRCA mutations.
**Medical Knowledge**

**Goal:** Understand the significance of the histologic diagnosis in gynecologic cancer.

**Objectives:** The resident will be able to discuss:

1) The implications of different cell types and origin in the prognosis and treatment of gynecologic cancers.
2) The common sites of local spread and metastatic disease in gynecologic cancers.
3) The common sites of dysfunction based on tumor spread.

**Goal:** Understand the significance of the stage of gynecologic cancer.

**Objective:** The resident will demonstrate knowledge of staging for gynecologic cancers and the significance of stage on treatment.

**Goal:** Know the anatomy of the female pelvis and abdomen to provide appropriate care in the patient with gynecologic cancer.

**Objectives:** The resident will develop appropriate knowledge of anatomy to make surgical decisions regarding:

1) Preoperative assessment with imaging of the pelvis and potential areas of disease spread.
2) Appropriate preoperative preparation.
3) Appropriate choice of surgical incisions.
4) Appropriate intraoperative staging.

**Goal:** Understand chemotherapy agents used in gynecologic cancers.

**Objectives:** The resident will demonstrate an understanding of: the risks of common chemotherapy agents.

**Goal:** Be knowledgeable regarding invasive breast cancer.

**Objective:** The resident will be able to:

1) Describe the staging of invasive breast cancer and prognostic significance of histologic type, regional lymph node metastasis, distant metastasis, and hormone receptor status.
2) Describe indications for lumpectomy versus mastectomy.
3) Describe the indications for adjuvant chemotherapy, hormone therapy, and radiation therapy.
4) Describe the impact of pregnancy on the treatment and prognosis of breast cancer.

**Goal:** Be knowledgeable regarding hereditary cancer syndromes.

**Objectives:** The resident will be able to:

1) Describe common hereditary cancer syndromes causing gynecologic and breast malignancies, including BRCA 1&2, Lynch Syndrome, Li-Fraumeni Syndrome, Cowden’s Syndrome.
2) Know current guidelines for screening and risk reduction for women with BRCA gene mutations.

**Interpersonal and Communication Skills**

**Goal:** Document patient evaluations and hospital courses in an appropriate and timely manner.

**Objectives:** The resident will demonstrate the ability to:

1) Dictate history and physical examinations of patients evaluated in the Gynecologic Oncology clinic for consultation and evaluation for care secondary to the diagnosis of a malignant process.
2) Dictate discharge reports.
3) Communicate effectively with community resources for postoperative care.

**Goal:** Provide appropriate counseling for patients diagnosed with gynecologic and breast malignancies.

**Objectives:** The resident will demonstrate the ability to effectively and empathetically counsel patients regarding:

1) The diagnosis of a gynecologic malignancy.
2) The risks and benefits of chemotherapy.
3) The risks and benefits of radiation therapy.
4) The risks and benefits of surgical therapy.

**Goal:** Communicate effectively as a consulting physician.

**Objective:** The resident will demonstrate the ability to provide timely consultation as requested, fulfilling documentation and communication with the referring service in a timely fashion.

**Goal:** Serve as the supervising resident for the obstetric service for the Department of Obstetrics.

**Objectives:** The resident will:

1) Communicate directly with the medical students regarding their role in patient care.
Communicate directly with the other residents regarding their role in patient care.

Communicate directly with attending physician on duty.

Professionalism
Goal: Describe the ethical concepts for appropriate patient care.
Objectives: The resident will be able to describe each of the following as it pertains to the patient with gynecologic cancer:
1) Patient autonomy.
2) Beneficence.
3) Justice.
4) Nonmalfeasance.

Goal: Maintain patient confidentiality
Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.
3) Assure that residents and students under their supervision follow the guidelines for patient confidentiality.

Goal: Maintain appropriate professional relationships.
Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

Practice-Based Learning and Improvement
Goal: Use medical evidence to evaluate patient care practices in oncology.
Objective: The resident will demonstrate the ability to:
1) Discuss studies regarding surgical management of gynecologic cancers.
2) Evaluate literature associated with chemotherapy and radiation therapy.

Systems-Based Practice
Goal: Discharge patients with gynecologic cancers with appropriate follow up.
Objectives: The resident will demonstrate the ability to:
1) Refer patients appropriately to home health services.
2) Refer patients appropriately for psychiatric services.
3) Refer patients appropriately for social services.
4) Schedule appropriately timed visits for postoperative care and radiation or chemotherapy.

Goal: Provide safe patient care in oncology surgery.
Objectives: The resident will:
1) Follow recommended operating room protocols in for patient safety based on the principles of Crew Resource Management.
2) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
3) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

Duties and Responsibilities:
1) The Gyn/Onc resident is expected to attend all Gyn/Onc clinic sessions, unless in surgery, continuity clinic or otherwise approved by Oncology staff physicians.
2) The Gyn/Onc resident is expected to examine and evaluate every in-house patient prior to morning rounds, and again prior to afternoon rounds.
3) The Gyn/Onc resident should assure that one of the team is available for rounds each weekend day, in the context of duty hours to assure that there is appropriate continuity of care for the patients.
4) The Gyn/Onc resident should pre-round with the students prior to attending rounds allowing for appropriate, professional supervision of student teaching in light of the educational goals.
5) The Gyn/Onc resident is expected to know the detailed history and status of all in-house
patients including any problems, all consult recommendations, laboratory results, and X-rays.

6) Progress notes will be written by the Gyn/Onc resident each morning and placed in the patient chart prior to morning rounds.

7) All clinic notes, H&P’s, discharge summaries and tumor conference notes will be sent to referring physicians, primary care physician and any others involved in the care of the patients. The Gyn/Onc resident is expected to dictate the name and address of each physician to whom correspondence will be sent.

8) The Gyn/Onc resident is responsible for all admissions, (medical, surgical and chemotherapy), discharges and consults.

9) Contact attending oncologist with any questions or problems.

10) Participate in daily rounds on the oncology service: evaluate patients, outline plan of care, write pertinent orders, and educate medical students.

11) Participate in surgical procedures as assigned.

12) Triage calls, if requested by the Gyn/Onc staff.

13) Prepare and present cases at weekly oncology conference.

14) Prepare and present weekly cases at Case Conference.

15) Take night call as assigned.

**Evaluation:**

1) Global evaluation will be performed by the Gynecologic Oncology physicians at the completion of the rotation.

2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Oncology at the fourth year level the following will be required at the completion of the rotation: Hysterectomy for malignancy (3), Exploratory laparotomy/debulking (3), Vulvectomy, simple (1), Laser ablation of vulvar lesions (1).

3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
**University Obstetrics**

**Level:** PGY-4  
**Service:** University Obstetrics  
**Length of Rotation:** 4 months

**Supervision:** HOIV → Attending Physician  
Independent activity with supervision by the attending physician assigned to the obstetric service. An attending physician will round daily with the residents and students. Attending coverage for Labor and Delivery/Postpartum and Antenatal Services are assigned and are usually the attending rounding for the day. Attending coverage is assigned to each clinic.

**Duty Hours:**  
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 28 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

**Educational Activities:**  
1) Recommended Reading  
2) Conferences  
   a) High Risk Planning Conference, Tuesdays at 1200.  
   b) Wednesday Educational Conferences.  
   c) Diagnostics in Obstetrics and Gynecology, Fridays at 0700.

**Typical call assignment:**  
This resident will assure the Antepartum patients are appropriately covered for rounding purposes on the weekends, either personally or by assignment to another resident on the obstetric service. In house call at the Nebraska Medical Center will be 1 or 2 per month on the weekends.

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**Competency Based Educational Goals and Objectives**

**Patient Care:** In the fourth year of training, the resident should demonstrate an understanding of obstetric procedures indications, contraindications, and principles and be able to perform them independently (proficiency at the level appropriate to warrant hospital credentialing for independent performance of the procedure).

**Goal:** Be able to manage patients undergoing cesarean section.

**Objectives:** The resident will demonstrate the ability to:  
1) Provide appropriate preoperative counseling.  
2) Perform cesarean delivery independently, including low transverse, classical and repeat cesareans.  
3) Provide appropriate postoperative care.

**Goal:** Manage patients undergoing operative vaginal delivery

**Objectives:** The resident will demonstrate the ability to:
1) Provide appropriate preoperative counseling.
2) Perform operative vaginal deliveries, choosing appropriately forceps or vacuum.
3) Provide appropriate postoperative care.

**Goal:** Manage patients with cervical insufficiency.

**Objectives:** The resident will demonstrate the ability to:
1) Provide appropriate preoperative evaluation and counseling.
2) Perform cervical cerclage independently.
3) Provide appropriate postoperative care.

**Goal:** Manage patients presenting with abnormal fetal presentation.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate a patient with abnormal fetal presentation.
2) Appropriate counsel patients regarding appropriate management.
3) Perform external cephalic version appropriately.
4) Safely delivery fetuses with abnormal presentation.

**Goal:** Manage patients with multiple gestations.

**Objectives:** The resident will demonstrate the ability to:
1) Provide prenatal evaluation and care for patients with multiple gestations.
2) Provide appropriate intrapartum management of multiple gestations including counseling regarding delivery options, intrapartum evaluation and fetal monitoring.
3) Perform delivery of multiple gestations including, ultrasound guidance for vaginal delivery, delivery of the second twin and cesarean delivery as appropriate.

**Goal:** Evaluate and manage obstetric patients with complicated medical histories.

**Objectives:** The resident will demonstrate the ability to:
1) Evaluate obstetrics patients with chronic medical diseases.
2) Appropriately manage complicated obstetrical patients with attending supervision.
3) Request assistance appropriately, understanding their individual limits with complicated patients.

**Goal:** Manage patients during labor with attending supervision

**Objectives:** The resident will demonstrate ability to:
1) Provide complete management for patients during labor.
2) Provide complete management for patients after delivery.

**Goal:** Manage patients with preterm labor.

**Objectives:** The resident will demonstrate the ability to:
1) Appropriately counsel patients with a history of preterm birth.
2) Evaluate patients with symptoms of preterm labor.
3) Appropriately counsel patients diagnosed with preterm labor.
4) Provide appropriate management for patients with preterm labor.
5) Evaluate patients with complications of tocolytic therapy.

**Goal:** Obtain ultrasound images of the fetus for complete anatomic survey.

**Objective:** The resident will demonstrate the ability to perform a complete anatomic survey of a fetus in the second or third trimester.

**Medical Knowledge**

**Goal:** Understand the risks for and complications of preterm labor.

**Objectives:** The resident will be able to discuss:
1) Appropriate evaluation of patients with a history of preterm birth.
2) The theoretic etiologies of preterm labor.
3) Gestational age based risk of neonatal morbidity and mortality.
4) Risks of tocolytic therapy.

**Goal:** Understand the requirements for ultrasound evaluation of the fetus.

**Objective:** The resident will discuss the components of a complete anatomic survey of a fetus in the second or third trimester.

**Goal:** Understand the risks for multiple pregnancy losses.

**Objective:** Discuss the appropriate evaluation and treatment of the patient with multiple pregnancy losses.

**Goal:** Understand the management of patients with malignant disease during pregnancy.

**Objective:** The resident will discuss the management of patients with concurrent malignancies in pregnancy.

**Goal:** Understand the continuum of cervical sufficiency in pregnancy.

**Objectives:** The resident will be able to discuss:
1) The concept of cervical length in relationship to length of gestation.
2) The anatomy of the maternal cervix.
3) Risk factors for cervical incompetence.
4) Risk factors for preterm labor.

Interpersonal and Communication Skills
Goal: Provide appropriate counseling to patients hospitalized for complications in pregnancy.

Objectives: The resident will be able to appropriately counsel patients:
1) Hospitalized with the diagnosis of preterm birth.
2) Hospitalized with the diagnosis of preeclampsia.
3) Undergoing cesarean delivery.
4) Surgery during pregnancy.

Goal: Provide appropriate counseling with fetal complications during pregnancy.

Objectives: The resident will be able to appropriately counsel patients:
1) Diagnosed with intrauterine growth abnormalities.
2) Diagnosed with fetal anomalies.

Goal: Communicate effectively as a consulting physician.

Objective: The resident will demonstrate the ability to provide timely consultation as requested, fulfilling documentation and communication with the referring service in a timely fashion.

Goal: Serve as the supervising resident for the obstetric service for the Department of Obstetrics.

Objectives: The resident will:
1) Communicate directly with the medical students regarding their role in patient care.
2) Communicate directly with the other residents regarding their role in patient care.
3) Communicate directly with attending physician on duty.

Professionalism
Goal: Describe the ethical concepts for appropriate patient care.

Objectives: The resident will be able to describe each of the following as it pertains to the maternal-fetal unit:
1) Patient autonomy.
2) Beneficence.
3) Justice.
4) Nonmalfeasance.

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.
3) Assure that residents and students under their supervision follow the guidelines for patient confidentiality.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

Practice-Based Learning and Improvement
Goal: Identify personal and practice improvement strategies in labor and delivery.

Objectives: The resident will demonstrate:
1) Receptiveness to faculty instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Goal: Use medical evidence to evaluate practices in the care of complicated obstetric patients.

Objectives: The resident will demonstrate the ability to:
1) Discuss studies regarding labor induction and cervical ripening.
2) Evaluate literature associated with labor and delivery care.

Systems-Based Practice
Goal: Provide safe patient care in labor and delivery.

Objectives: The resident will:
1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

Goal: Discharge patients with obstetric complications with appropriate follow up.

Objectives: The resident will demonstrate the ability to:
1) Refer patients appropriately to home health services.
2) Refer patients appropriately for psychiatric services.
3) Refer patients appropriately for social services.

Duties and Responsibilities:
1) Serve as the senior resident on the obstetric service.
2) Round on all Antepartum patients daily Monday through Friday. Supervise rounds on all other hospitalized patients. Coordinate weekend rounds with other non-intern members of the obstetric team.
3) Participate in teaching rounds each morning.
4) Supervise and assist first year residents and medical students with management and evaluation of Ob patients. This will include evaluation of patients and appropriate admission notes.
5) Oversee the Labor and Delivery unit. Keeping a working knowledge of all patients on the Ob service.
6) Organize the scheduling of procedures in Labor and Delivery and assure that there is appropriate resident participation and faculty notification of procedures.
7) Evaluate Obstetrical consults from other services and maternal transports as needed.
8) Serve as an educator for the other residents and medical students on the service, setting weekly educational goals and being active in the teaching of the lower-level residents and students, coordinating Diagnostics conference with attending physicians.
9) Communicate directly and effectively with the attending physician on duty.
10) Review the High Risk Clinic charts weekly with the faculty assigned to clinic and serve as the resident physician in this clinic.
11) Attend the Prenatal Diagnostic Center to perform ultrasound evaluation of intrauterine pregnancies on Thursday mornings.
12) Prepare for and present the weekly case list at Case Conference.
13) Prepare and present monthly obstetric statistics.
14) Attend Wednesday morning conferences.
15) Take night call as assigned.

Evaluation:
1) Global evaluation will be performed by the Obstetrics physicians at the completion of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Obstetrics at the second and third year level the following will be required at the completion of the rotation: Complete surgical management of a repeat section (5), Operative vaginal delivery (3), Cerclage (1), Repair of a 3rd or 4th degree laceration (1), Documentation of complete anatomic survey of the fetus (1).
3) At the conclusion of the resident’s service period he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Urogynecology
Level: PGY-4

Service: Methodist Urogynecology
Length of Rotation: 2 month

Supervision: PGY-4 Methodist Faculty
All management decisions will be discussed with the Methodist faculty. An attending physician will round daily with the residents and students.

Duty Hours:
Hours will be logged in New Innovations on a weekly basis. You will not have assigned duty more than an 80 hour work week. You will have one day in seven free of clinical duty. Call will be no more frequent than one in three nights. All of these will be averaged over a four-week period. You will not be on duty for more than 30 consecutive hours. If you are assigned more hours than indicated above or have patient care duties that are extending you beyond these limits, it is your responsibility to notify your supervising resident or faculty so arrangements can be made to relieve you.

Educational Activities:
1) Recommended Reading
   f) ACOG Gynecology Educational Bulletins
   g) ACOG Precis – Gynecology
   k) A video library of surgical procedures is available in Labor and Delivery at Methodist Hospital.
2) Conferences – none currently assigned for this rotation

Typical call assignment:
This resident will participate in the call pool for the Nebraska Medical Center. This will typically be one weekend per month.

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Competency Based Educational Goals and Objectives

Patient Care
Goal: Competently care for patients in the perioperative period.
Objectives: The resident will demonstrate the ability to:
   1) Perform preoperative evaluation of the gynecologic patient.
   2) Secure appropriate postoperative orders.
   3) Perform postoperative evaluation and management of the gynecologic patient.
Goal: Provide competent evaluation for patients with urinary incontinence.
Objective: The resident will demonstrate the ability to perform and interpret urodynamics evaluation in patients with incontinence.
Goal: Competently perform surgical procedures for incontinence and pelvic floor prolapse.

Objectives: The resident will demonstrate the ability to perform:
1) Operative management of pelvic relaxation
2) Surgical correction of incontinence
3) Sacrospinous ligament suspension
4) Anterior and posterior colporrhaphies
5) Suprapubic cystostomies

Goal: Provide competent evaluation for patients with urinary incontinence.

Objective: The resident will demonstrate the ability to perform and interpret urodynamic evaluation in patients with incontinence.

Medical Knowledge
Goal: Understand the pelvic anatomy essential to the performance of continence procedures.

Objectives: The resident will demonstrate the ability to perform:
1) Anatomy of the pelvic floor.
2) Anatomy of the bladder and urethra.

Interpersonal and Communication Skills
Goal: The resident will communicate in a professional manner with the reproductive endocrine service at the Nebraska Methodist Hospital.

Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out to the attending physician.
2) Requesting consults from other services with appropriate information.
3) Dictating operative reports in a timely fashion.
4) Dictating discharge summaries in a timely fashion.

Professionalism
Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) The ability to protect health-related patient information per HIPPA compliance.
2) List and be aware of sites on the ward and in the clinic where loss of privacy for the patient may occur.

Goal: Maintain appropriate professional relationships.

Objectives: The resident will demonstrate professional interactions with:
1) Medical students.
2) Nursing and support staff.
3) Supervising faculty.
4) Consulting residents.
5) Physician peers.

Practice-Based Learning and Improvement
Goal: Identify personal and practice improvement strategies for inpatient and surgical gynecologic care.

Objectives: The resident will demonstrate:
1) Receptiveness to faculty and supervising resident instruction and feedback.
2) Ability to use medical information with the ability to access information through traditional and online sources to support their educational experience.

Systems-Based Practice
Goal: Provide safe patient care at the Nebraska Methodist Hospital.

Objectives: The resident will:
1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in labor and delivery for patient safety.
3) Demonstrate compliance with Nebraska Medical Center policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medical Center policy for patient identification.

Duties/Responsibilities:
1) Serve as resident physician on the Methodist Urogynecology service.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Communicate with UroGyn attendings directly for assignments.
4) Participate in the operating room with gynecologic surgeries emphasizing vaginal surgery, procedures for urinary incontinence, suspension procedures and operative laparoscopy. Surgery scheduling will be able to assist the resident with the upcoming surgery schedule. Surgery scheduling and postoperative scheduling is handled by Janet Koranda @ 354-1737.
5) Arrange in advance with admitting for the preoperative evaluation of patients.
6) Participate with and supervise the third year medical students on gynecology at Methodist with postoperative rounds.
7) Participate with the attending physician’s office with postoperative care of patients.
8) Participate in the dictation and maintenance of the medical record in patients.
9) Attend Wednesday educational conferences.

Evaluation:
1) Global evaluations by the faculty will be compiled by Dr. Rooney at the end of the rotation.
2) Surgical skills evaluations for the following procedures will be present in the resident’s portfolio at the completion of this rotation to be reviewed at the Program Director meeting. At least one surgical skills form should be filed out by an attending physician each day the resident is present in the operating room. Surgical skills evaluation forms are collected in the resident portfolio to demonstrate improved surgical skills. For Urogynecology at the fourth year level the following will be required at the completion of the rotation: Surgical correction of incontinence (3), Urodynamic evaluation (3), Cystoscopy, diagnostic (3), Hysterectomies (3), Anterior/posterior repair (3), and Sling procedures (3).
3) At the conclusion of the resident’s service period, he/she should complete an evaluation form assessing the quality of the rotation; he/she should also address the teaching undertaken by the attending physician.
Resident Research

Level: All residents.
Service: Longitudinal Project, not service specific

Supervision: Resident to Faculty Advisor
John Davis, PhD  Director of Research
Jennifer Griffin, MD  Program Director

Overall Educational Goals:
1) The resident is responsible for completing at least one research project during the four years of training. The timeline for this project is listed under duties and responsibilities.
2) Actively engage in Department/Program activities associated with scholarly activity and continued education journal club and Life Long Learning© Modules.

Competency Based Educational Goals and Objectives

Medical Knowledge
Goals: Develop an improved understanding of statistical evaluation of data.
Objectives: The resident will
1) Attend lectures focused on statistical analysis.
2) Participate in Journal Club sessions focused on evaluation of data analysis.
3) Perform statistical evaluation on data obtained for their research project with assistance as needed.

Interpersonal and Communication Skills
Goal: Develop written and speaking communication skills by presenting a research project.
Objectives: The residents will demonstrate:
1) Ability to write an abstract in a prescribed format for presentation.
2) Ability to write a manuscript in a prescribed format for publication.
3) Ability to present a research project in a brief discussion, question format.

Professionalism
Goal: Complete at least one research project during residency.
Objectives: The resident will:
1) Comply with requirements and deadlines of the resident research project.
2) Request changes in deadlines ahead of time if there are circumstances not allowing for completion of a requirement.
3) Participate in Research Roundtable discussions to provide input in development of projects for self and peers.

Practice-Based Learning and Improvement
Goal: Develop an understanding of clinical research and its application to the practice of medicine.
Objectives: The resident will:
1) Actively participate in Journal Club assignments/discussions.
2) Complete LLL Modules as assigned.
3) Complete resident research requirements.

Systems-Based Practice
Goal: Understand the requirements for human research.
Objectives: The resident will demonstrate an understanding of the requirements for human research by:
1) Completion of “Collaborative IRB Training Initiative” web-based program to educate physicians in the area of human based research.
2) Completion of at least one IRB approval process for research.

Research Responsibilities:
1) Specific responsibilities by year of training are as follows:
   a) Attend and participate in scheduled Research Roundtables.
   b) Present annually at the Resident Research Day. This will include annual preparation and submission of an abstract in the format required by the American Journal of Obstetrics and Gynecology as well as preparation of slides or poster for this presentation. Presentations are to be approximately 10 to 12 minutes in length with 3 to 5 minutes for questions by the audience (total 15 minutes).
   c) Fourth Year Residents
      i) Year four presentations will be a completed project including the completed manuscript if the project is not completed prior to July 1, 2012.
      ii) Year four presentations for residents having completing projects in their third year, the resident will serve as a discussant for at least one HOIII completed project at Resident’s Research Day.

These guidelines are the minimal expectations that will allow timely completion of objectives. If research projects develop more rapidly, preparations for the publication of results can occur when the resident and advisor feel they have sufficient data.

We encourage an approach to research that includes regular meetings with residents and faculty advisors to keep projects moving and assure that deadlines are met.

Evaluation:
   1) Evaluation will be based on participation in monthly journal club by global faculty evaluation
   2) Evaluation of knowledge based on the in-service training examination administered annually.
   3) Participation in resident research projects.

Protected Research Time
- Each resident will be allotted one half day per week when on the Ambulatory Obstetrics service during the first year of training. These days are necessary to allow for meeting with statisticians or other out-of-hospital assistants, writing IRB proposals, review of records at the off-campus site and writing drafts of completed projects.
- During the second year there are 2 weeks available for research.
- The resident does not need to work on campus, but does need to be in town and available for morning rounds on their assigned service.

In addition to these scheduled times, up to 6 half days will be allowed with application for the time as outlined for the other residents.

Requesting time
Some of the same rules that currently apply to resident vacation will apply to requests for research time:
- Requests should be made 1 to 2 weeks in advance to allow for planning with the faculty advisor
- There should be only two residents gone at one time (for vacation OR research
- Research time requests must be approved by the administrative chief resident
- Residents may utilize any or all of their research time (up to 6.0 days/year) while on off-campus rotations on approval of the chief resident and the off-service supervising physician
- Residents cannot use Wednesday mornings as Protected Research Time
- Residents may schedule Protected Research Time during their continuity clinic only if they have personally assured that their clinic has been covered at least 8 weeks in advance and that their total number of continuity clinics attended is deemed adequate by the Residency Program Director.

Advisors Role
The resident requested research time must be approved by the faculty advisor with a follow up discussion held 7 to 10 days after the approved time to review the progress made on their project. Residents will plan the activities for the requested time and have the request form initialed by the faculty advisor prior to approval by the program director. The resident will review progress made on their project with their faculty advisor and have the form initialed that this meeting took place.
The form will be kept in the resident portfolio research section and be available at program
director meetings to document progress with their research project.

Advisors would play an active role in the assignments for the HOI’s during the weeks of the
research symposium especially if we do not utilize the entire course. It would have to fall to the
advisor to make certain that the assignments are completed and the IRB proposal submitted by
April 1.

Deadlines for Research Project Summarized
Turn in all items to Dr. John Davis and Faculty Advisor

<table>
<thead>
<tr>
<th>Date</th>
<th>Item due to Dr. Davis</th>
<th>Applies to :</th>
</tr>
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<tbody>
<tr>
<td>August 1</td>
<td>CITI course completed</td>
<td>PGY-1</td>
</tr>
<tr>
<td>August 1</td>
<td>CITI documentation printed and turned in to Dr. Davis</td>
<td>PGY-1</td>
</tr>
<tr>
<td>*October 1</td>
<td>All four should have faculty advisor and topic Resident on Ambulatory Obstetrics should be near completion of IRB</td>
<td>PGY-1</td>
</tr>
<tr>
<td>April 1</td>
<td>IRB should be submitted for all projects</td>
<td>PGY-1</td>
</tr>
<tr>
<td>April 10</td>
<td>Abstract draft to Dr. Davis</td>
<td>PGY-1</td>
</tr>
<tr>
<td>May 1</td>
<td>Abstract final to Dr. Davis</td>
<td>PGY-1</td>
</tr>
<tr>
<td>May 10</td>
<td>Draft of slide presentation</td>
<td>PGY-1</td>
</tr>
<tr>
<td>June</td>
<td>Final of slide presentation- Due one week prior to presentation</td>
<td>PGY-1</td>
</tr>
<tr>
<td>August 1</td>
<td>Completion of IRB process.</td>
<td>PGY-2</td>
</tr>
<tr>
<td>April 1</td>
<td>Abstract draft to Dr. Davis</td>
<td>PGY-2</td>
</tr>
<tr>
<td>*April 20</td>
<td>Abstract final to Dr. Davis</td>
<td>PGY-2</td>
</tr>
<tr>
<td>* April 20</td>
<td>Draft of poster presentation</td>
<td>PGY-2</td>
</tr>
<tr>
<td>* May17</td>
<td>Final of poster presentation</td>
<td>PGY-2</td>
</tr>
<tr>
<td>February 10</td>
<td>Completion of data collection</td>
<td>PGY-3</td>
</tr>
<tr>
<td>March 10</td>
<td>Completion of statistical analys</td>
<td>PGY-3</td>
</tr>
<tr>
<td>April 1</td>
<td>Abstract and manuscript draft to Dr. Davis</td>
<td>PGY-3</td>
</tr>
<tr>
<td>*April 20</td>
<td>Abstract final to Dr. Davis</td>
<td>PGY-3</td>
</tr>
<tr>
<td>May 1</td>
<td>Draft of slide presentation</td>
<td>PGY-3</td>
</tr>
<tr>
<td>May/June</td>
<td>Final of slide presentation – Due one week prior to presentation</td>
<td>PGY-3</td>
</tr>
<tr>
<td>*October 1</td>
<td>Final manuscript due</td>
<td>PGY-4</td>
</tr>
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</table>

**Critical deadlines:** Failure to meet the identified critical deadlines will result in the resident being relieved of clinical duty to complete the requirement, possible academic review or probation.

Other deadlines may be negotiated with Drs. Griffin and Davis with input from faculty advisor.
Graduate Medical Education Blackboard Course
Introduction to the Competencies
Level: PGY-1
Length of Assignment: to be completed by the end of the first year of training.

Supervision: Program Director is sent summaries on a regular basis documenting completion of the modules. These will be discussed at the semi-annual evaluation meeting.

Overall Educational Goals: The ACGME Competencies have broad components that are true across all specialities. The following courses are meant as an introduction in Obstetrics and Gynecology to allow the resident the opportunity to learn basic concepts to build on through residency and practice. These are to be completed by the end of the first year of training.

Course 336 - Practice-based Learning and Improvement

Course 336a - House Officer Teaching Skills
Goal: House Officers will learn the basic tenets of “residents as teachers”.
Objectives: House Officers will become familiar with:
   a. different types of resident-student interaction,
   b. the five microskills of clinical teaching as discussed in the “One-minute Preceptor”,
   c. the strengths and weaknesses of their own individual teaching styles.
   d. In order to accomplish the above, House Officers will complete online Blackboard Course 336a, “House Officer Teaching Skills”, during their first year of training at the UNMC. Successful completion of this course will be noted by House Officers printing out the results of their individual teaching style inventories and submitting them to the GME Office.

Course 336b - Quality of Care, EBM & Statistics
Goals: House Officers will learn the basic principles of evidence-based medicine, quality of care, and statistics.
Objectives: House Officers will become familiar with the basic principles of:
   a. Evidence-based medicine, including the implications of study design
   b. Statistics, including
   c. Descriptive statistics
   d. Inferential statistics
   e. Bivariate statistics
   f. Multi-variate statistics
   g. Quality of care, including
   h. Deming’s 14 points
   i. Methods of quality assessment
   j. In order to accomplish the above, House Officers will complete online Blackboard Course 336b, “Quality of Care, EBM & Statistics”, during their first year of training at the UNMC. To complete the course, residents must complete a pretest and view the entire course. They will demonstrate an understanding of this material by correctly answering all questions on the post-test.

Course 337 - Interpersonal and Communications Skills
Goal: House Officers will become knowledgeable about the interpersonal and communication skills that allow effective information exchange and teaming with patients, their patients’ families, and professional associates.
Objectives: House Officers will become familiar with the basic principles of interpersonal communications in a medical context, including:
   a. Communicating with patients
   b. The patient-centered interview
   c. The RESPECT model
   d. The BATHE technique
   e. The LEARN model of patient communications
Course 338 - Professionalism

Course 338a - Introduction to Professionalism

Goal: House Officers will develop a foundation of knowledge about professionalism, which will help them build a professional attitude and awareness that will positively impact their day-to-day interactions with patients, their families, and all members of the health care team.

Objectives: House Officers will become familiar with the basic principles of professionalism in a medical context, including:

- What is professionalism?
- Professional codes
- Domains of professionalism
- Elements of professionalism
- Professionalism and health outcomes
- Challenges to professionalism
- What is my role?

House Officers will learn the importance of professionalism by completing online Blackboard Course 338a, “Introduction to Professionalism”, during their first year of training at the UNMC. To complete the course, residents must complete a pretest and view the entire course. They will demonstrate their understanding of this subject by answering all post-test questions correctly.

Course 338b - Medical Ethics

Goal: House Officers will develop a foundation of knowledge about medical ethics, which will assist them in demonstrating a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.

Objectives: House Officers will become familiar with several common ethical issues that can encountered in a medical setting, including:

- Sexual harassment
- Impaired physicians
- House Officers will learn how to recognize and manage the ethical issues outlined above by completing online Blackboard Course 338b, “Medical Ethics”, during their first year of training at the UNMC. To complete the course, residents must complete a pretest and view the entire course. House Officers will demonstrate understanding of this material by correctly answering all questions on the post-test.

Course 339 - Systems-based Practice

Course 339a - Medical/Legal Issues

Goal: House Officers will become knowledgeable about the medical/legal system in this country and, in particular, how it affects them as House Officers in training, and as residents of the State of Nebraska.

Objectives: House Officers will become familiar with the commonly encountered medial/legal issues outlined below.

1) Anatomy of a Medical Malpractice Lawsuit
2) When a Claim is Asserted Against You
Course 338b - Medical/Legal Issues

Goal: House Officers will accomplish the above listed objectives by completing online Blackboard Course 338a, “Medical/Legal Issues”, during their first year of training at the UNMC. To complete the course, house officers must complete all pretests and view each individual video segment. They will demonstrate their understanding of the material by correctly answering all questions on the post-tests.

Course 339b - Healthcare Economics

Goal: House Officers will increase their knowledge base regarding some of the financial issues associated with the delivery of health care.

Objectives: House Officers will review the basics of healthcare economics, including:

- Payor Sources
- Medicare
- Private, Commercial Insurance
- Medicaid
- Health Care Organizations and Systems, including
  - Managed Care Organizations
  - Preferred Provider Organizations
  - Health Maintenance Organizations
  - Point of Service Organizations
- Signing of Contracts: What is legal and what is not
- Employment Agreements
- Hospital Finance
- Balanced Budget Act
- House Officers will become familiar with the above listed objectives by completing online Blackboard Course 339b, “Healthcare Economics”, during their first year of training at the UNMC. To complete the course, residents must complete a pretest and view the entire course. Understanding of this subject will be demonstrated by answering all post-test questions correctly.

Course 338c - Billing and Documentation

Goal: House Officers will improve their knowledge base regarding the Billing and Documentation of healthcare services.

Objectives: House Officers will develop an understanding of the billing and documentation of healthcare services, including:

- Definitions and terminology
- How to determine level of care
- Evaluation & Management (E & M) services
- How to determine the proper level for:
  - History
  - Physical exam
g. Medical decision making
h. Preventive services codes
i. Modifiers
j. Billing pre-op evaluations
k. PATH rules
l. the Primary Care exemption
m. House Officers will learn the above listed objectives by completing online Blackboard Course 339c, “Billing and Documentation”, during their first year of training at the UNMC. To complete the course, house officers must complete a pretest and view the entire course. They will demonstrate understanding of this subject by correctly answering all questions on the post-test.

**Course 340 - Taking Care of Yourself**

Goals: House Officers will become familiar with personal financial planning issues.

Objectives: House Officers will be educated regarding the importance of the following personal finance issues:

a. Insurance needs
   i. Life
   ii. Health
   iii. Malpractice
   iv. Auto
   v. Office Liability
   vi. Overhead Expense
   vii. Excess Liability (umbrella)

b. Financial Planning
   i. Stocks
   ii. Bonds
   iii. Mutual Funds

c. Retirement Planning
   i. Pension and profit-sharing plans
   ii. IRAs
   iii. 401(k)s

d. Estate Planning
   i. Wills & trusts

e. House Officers will become familiar with the above listed issues by completing online Blackboard Course 340, “Taking Care of Yourself”, during their first year of training at the UNMC. To complete the course, House Officers must complete a pretest and view the entire course. Understanding of this subject will be demonstrated by answering all post-test questions correctly.
## Resident Education Schedule 2012-2013

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td></td>
<td>7:00 Cancer Conf Howard Hunt</td>
<td>8:00 Grand Rounds DRC 1004</td>
<td></td>
<td>7:00 Diagnostics in Obstetrics and Gynecology OC Classroom</td>
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<tr>
<td></td>
<td>7:30 High Risk Planning Luikart Library</td>
<td>9:00 Case Conf DRC 1004</td>
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<tr>
<td></td>
<td></td>
<td>10:00-12:00 Resident Education</td>
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## Wednesday Education Schedule 2012-2013

<table>
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<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
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<tbody>
<tr>
<td>10:00</td>
<td>Lecture</td>
<td>M&amp;M</td>
<td>Lecture</td>
<td>Resident Directed Time</td>
</tr>
<tr>
<td>11:00</td>
<td>Journal Club</td>
<td>Lecture</td>
<td>M&amp;M</td>
<td>Lecture</td>
</tr>
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</table>

Journal Club/Research Roundtable

M&M Lecture

Resident Directed Time
Conference Descriptions
Daily Educational Events

SERVICE TEACHING ROUNDS

**Benign Gynecology:** Resident education on the Benign Gynecology service will be scheduled on a regular basis to include three structured events. The HOIV on gynecology will be responsible for contacting the attending physician a week in advance to plan the time based on the operating schedule. The Gyn Rounder on Wednesday and Thursday will serve as the faculty leader. This communication may be direct, by phone, or email. The HOIV on gynecology will assure that all members of the team have information about the times, needed information for pre-op conference and the topic for discussion on Thursday.

- **Wednesday Pre-Op Conference** – typically 0700 or 1600. Cases scheduled for the upcoming week will be discussed focusing on preoperative planning and decisions regarding appropriate surgical management.
- **Thursday Topic-Based Conference** – typically 0700 or 1600. This conference will be based on a chapter, article or topic chosen by the HOIV. It will be resident level discussion regarding patient care issues.
- **Friday at 0700 - Diagnostics Conference** – see discussion below.
- **Friday Student Presentations** – Faculty will facilitate discussion relevant to all member of the gyn team for that week.

**Gynecologic Oncology:** Resident education on the Gynecologic Oncology service will be scheduled on a regular basis to include a series of events. The HOIV on the service will be responsible for communicating with the attending physicians, residents and students regarding the time.

- Daily bedside/rounding teaching will occur in the morning and late afternoon. This will focus on hospitalized patient care. Caffeine required.
- **Tumor conference** – see discussion below.
- **Friday Conference** – Friday afternoons are dedicated to education on this service. Discussions regarding chemotherapy, preoperative planning, presentations by students and residents and review of key chapters will be undertaken at these times. Popcorn, peanut M&M’s and Twizzlers are often necessary.

**Obstetrics:** Resident education on the Obstetrics service will be scheduled on a regular basis. Morning check out will be a portion of the time utilized for resident education. Student presentations will be succinct, covering the major issues of the in house patients and limited to two patients per day. Complicated patients will be presented by the residents.

- **Daily meeting in the MD Interaction Room on Labor and Delivery at 0700 Monday through Thursday.**
- **Presentation of in house patients 0700 to 0730.**
- **Topic discussion 0730 to 0800 with topics on the white board the week before.**
- **A list will be developed this year to assure that topics are covered in an organized manner on these two days.**
- **Topics will include but not be limited to chapters, articles, current patient care issues and fetal heart rate tracings. The attending or chief resident may request a topic change during any given week for maximal resident benefit.**
- **Friday at 0700 - Diagnostics Conference** – see discussion below.

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**Weekly Educational Events**

**CANCER CONFERENCE**
7:00 a.m., Tuesday
Howard Hunt Conference Room, MSB 1500
Faculty Leader – **Steven W. Remmenga, MD**

**Attended by** - Faculty Gyn-Oncology, Medical Oncology, Radiation Oncology, Radiology,
Description - The focus of this multi-disciplinary conference is on the management of patients with gynecologic malignancies. A case conference format will be used. Cases for presentation will be chosen several days in advance. A synoptic (one page) narrative of the patient’s history, physical, diagnostic work-up and surgical findings will be prepared by the Chief Resident. Pathology materials and selected radiographs will be reviewed. The Chief Resident will present appropriate treatment options including a summary of pertinent literature to support their recommendations. A generalized discussion of the patient management will then be led by a gynecologic oncology faculty member during which comments and questions from those in attendance are requested.

Objectives:
1. The resident will be able to classify the stage and prognosis of patients with gynecologic cancers.
2. The resident will be able to formulate treatment plans and demonstrate knowledge of the medical literature to support their plan.
3. The resident will be able to identify the potential complications of cancer treatment.
4. The resident will actively participate in the planning and ultimately the management of patients with gynecologic cancers.

HIGH RISK OB PLANNING
Noon, Tuesday
MSB 45119, Luikart Library
Faculty Leader – Maternal-Fetal Medicine Faculty

Attended by - MFM Faculty, Ob/Gyn residents, Nursing support for High Risk clinic, DEM nurse/physician

Description - This weekly working conference is intended to discuss the case management of current complicated pregnancies to be seen in Thursday afternoon high-risk clinic or in other resident clinics as needed. Discussion is led by the chief resident and based on the patients presenting to clinic in the next week. It is a multi-discipline interaction including the faculty, nurses, social workers and nutritionists.

Objectives:
1. The resident will identify pregnancy risk factors and be able to discuss the etiology and pathophysiology of maternal diseases.
2. The resident will be able to formulate treatment plans and demonstrate knowledge of the medical literature to support their plan.

OB/GYN GRAND ROUNDS
8:00 a.m., Wednesday
Durham Research Center Rm 1004
Faculty Leader – Carl V. Smith, M.D.

Attended by - Ob/Gyn faculty and residents, all students on the service, and open to any medical provider

Description – This weekly formal lecture series deals with topics of current interest in obstetrics and gynecology. Each session is assigned to a faculty member, resident physician, or speaker from outside of the department well in advance. The fourth Wednesday of each month is reserved for resident Grand Rounds presentations. Each resident is expected to present a complete 50 minute discussion of a topic, allowing 10 minutes for questions. It is required that residents identify and utilize a faculty advisor for their Grand Rounds. The faculty advisor should be present at the time of the presentation to allow for faculty and resident interaction. The residents will sign up for their Grand Rounds dates prior to July 1. The resident responsible for a Grand Rounds session will be reminded approximately one month in advance of the approaching date. At that time a title and objectives for the Grand Rounds will need to be turned in to Dr. Smith’s secretary (In July, Grand Rounds is replaced with other educational events)
Objectives:
1. Develop skills needed to assemble information in a concise and organized manner to allow for sharing of knowledge.
2. Improve communication skills.

CASE CONFERENCE
9:00 a.m., Wednesday
Durham Research Center Rm 1004
Faculty Leader – Carl V. Smith, MD

Attended by - All OB/GYN faculty and residents, Family Practice/Emergency Medicine residents assigned to service and fourth year medical students as invited.

Description - This case conference is designed for a discussion of the patients cared for the department services from the past week. The service chief will submit the patient case list for this time prior to the meeting. The four services to present on a weekly basis are: Gynecology, Gynecologic Oncology, Obstetrics and Reproductive Endocrinology. Participants will maintain a code of conduct consistent with respect for the speakers. All extraneous conversations will be moved out of the room. Discussions will be based on the theoretic evaluation and management of patients. On the last Wednesday of each month the senior resident will present a difficult or interesting case for discussion highlighting the critical elements of the patients medical course.

Objectives:
1. The senior resident will demonstrate the ability to discuss the evaluation of patients in a concise step-wise fashion.
2. The senior resident will be able to critically evaluate management plans with evidence-based medicine as available.
3. All residents will demonstrate knowledge of the evaluation, mechanism of disease and management of patients with surgical and medical conditions in gynecology and obstetrics.

DIAGNOSTICS IN OBSTETRICS AND GYNECOLOGY
7:00 a.m., Friday
Olson Center Classroom
Faculty Leader – Paul G. Tomich, MD

Attended by – Ob/Gyn Faculty, Genetics, Neonatal Services, Radiology/ Ultrasound students, and Residents on Obstetrics and Gynecology rotations at Nebraska Medical Center and with Oncology directed topics the Residents on the Gynecologic Oncology rotation

Description - This is a weekly teaching conference focusing on diagnostic imaging and genetic tests utilized in obstetrics and gynecology. Available imaging and diagnostic techniques for pelvic disease, fetal anatomy, genetic screening and diagnosis in pregnancy, and gynecologic malignancies will be discussed following a 1 to 2 year curriculum to assure that topics relevant to resident education are covered. A multi-disciplinary approach is utilized when appropriate with participation from pediatric surgery, neonatology, genetics, and radiology, for the comprehensive care of the fetus and newborn.

Objectives:
1. Perform and identify appropriate imaging in obstetrics and gynecology.
2. Identify common fetal findings on ultrasound.
3. Recognize and use a multidisciplinary approach to managing fetal anomlies.
4. Identify anatomic and pathologic structures in the gynecologic patient utilizing imaging technologies.
5. Recognize other diagnostic methods such as genetic testing.

CORE LECTURE SERIES
10:00 to noon, Wednesdays
Luikart Library, MSB 45119
Faculty Leader – Jennifer Griffin, MD
Attended by - All Ob-Gyn Residents

Description- This core lecture series is designed to cover 100 major topics encompassing the three major sub-specialty areas in obstetrics and gynecology. Division directors from Gynecology, Gynecologic Oncology, Maternal-Fetal Medicine and Reproductive Endocrinology/ Infertility participate or assign faculty facilitators for these two hour conferences. Basic science, clinical problems and psychosocial issues will continue to be emphasized. Learning objectives are specific to the topic presented that week.

Monthly Educational Events

JOURNAL CLUB
10:00 a.m. - 1st Wednesday of each month August thru May
Luikart Library, MSB 45119
Faculty Leader – N. Jean Amoura, MD
Attended by - All faculty and residents

Description – Journal Club is designed to improve the resident's ability to read the medical literature. Discussions will focus on study methodology, statistics and translation into practice. One resident will be assigned to each scheduled Journal Club. The assigned resident will be responsible for choosing the articles with Dr. Amoura and leading the discussion. Other faculty members in attendance serve as participants/facilitators and participate in the discussion of the article. All residents will be responsible for reading the articles ahead of time and being prepared to discuss each article in regards to methodology and statistical analysis.

Assignment of articles – Each resident (HOIII’s, HOII’s and HOI’s) will be responsible for one journal club per year. This requires that the resident identify 2 to 3 articles for discussion and have the articles disseminated for the faculty and residents to read before Journal Club. Distribution of the articles will be done by the program coordinator. Articles will be turned into the program coordinators office three weeks prior to Journal club for copying and distribution. The articles can be selected based on scientific merit, recommendations of faculty or perceived importance to the field of obstetrics and gynecology.

Objectives:
1. The resident will develop the ability to critically read and evaluate the literature in the specialty of obstetrics and gynecology.
2. The resident will improve their understanding of experimental design.
3. The resident will develop the ability to discriminate between types of statistical measures.

MORBIDITY AND MORTALITY CONFERENCE

10:00 a.m., 3rd Wednesday bimonthly
Luikart Library, MSB 45119
Faculty Leader- Sylvia Ziegenbein, MD
Attended by- All faculty and residents

Description- M&M conference is the forum in which patient care and outcomes are objectively and critically reviewed by the department. Cases to be reviewed are generated from the ACOG Clinical Indicators or by referral from case conference. An individual faculty member not involved with the reviewed patient’s care will present each case for review and discussion.

Objectives:
1. To improve patient care through review of cases.
2. To expose the residents to the principles of quality assessment and improvement.
3. To foster and maintain a professional environment for the advancement of quality improvement.

Events Based on Certification
Neonatal Resuscitation Program
Two year certification
Location: TBD
NRP Instructors
Required for – All residents, to be maintained during residency training.

Description – This course includes an online evaluation course which is written and practical examination of knowledge and skills in the recognized curriculum of the America Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program. The online course can be found at www.aap.org/nrp/provider/provider_ooverview.html. Residents will complete this course during orientation in their first year of training and will be notified via the New Innovations database regarding the need for recertification. The resident will be responsible for reading the content, passing the written examination and preparing for the practical examination prior to the scheduled examination for recertification. Scheduling of the recertification examination is the resident’s responsibility. Renewal of NRP certification is offered at various times throughout the year. You should contact Lyn Hall at ext. 9-5814 or email LynHall@nhsnet.org. Payment for the renewal course is provided by the program as long as the resident attends a regularly scheduled class. If the resident needs a private class scheduled, the resident will be responsible for the cost. Current NRP books with CD’s are available through the program coordinator’s office for use in study prior to the online course and MegaCode testing.

BLS and ACLS
Two year certification
Location: TBD
Center of Continuing Education (559-4152) at UNMC

Required for – All residents are required to be BLS and ACLS certified for the ICU rotation during their second year. If the resident is certified then maintenance of certification until this rotation is completed is required.

Description - This course includes written and practical examination of knowledge and skills in the recognized curriculum. If the resident is not BLS/ACLS certified at the beginning of the second year of residency, the full course will be required and education/meeting days may be used to complete the course. If the resident has a certificate, it is the resident’s responsibility to fit the renewal class into their available rotation schedule. Renewal of both should occur within 3 months of the expiration date on the card. Renewal can be accomplished in a half-day session. The resident will be notified via the New Innovations database regarding the need for recertification. Failure to renew within this time frame results in the individual taking the entire course. It is the resident’s responsibility to schedule the course. Go to www.unmc.edu/dept/cee then click on EMS and Trauma link for scheduled training dates.

CITI (Collaborative IRB Training Initiative)
Two year certification
On Line
IRB on the UNMC Intranet

Required for – All residents to be able to work on research projects.

Description - This course is required training in protection of human research subjects. The institution requires all investigators, study personnel, and protocol coordinators engaged in human subjects research to undergo training in the protection of human subjects utilizing CITI. This mandatory training and retraining can be accessed at http://www.citiprogram.org.

New Innovations will notify you when you are approaching your deadline for recertification. Failure to recertify may result in the IRB removing approval for research projects that you are participating in as a researcher.
Additional Educational Events

Ongoing Education

American College of Obstetrics and Gynecology (ACOG)
Junior Fellows Organization

Omaha OB-GYN Society Meetings
3rd Wednesdays of Alternate Months

Rumbolz Lectureships
Two Events per Year
Outside Visiting Professors

Fall Events

District VI and IX – ACOG Meeting
District VI – Junior Fellows Meeting
September 21-23, 2012
Arizona Biltmore Hotel, Phoenix, AZ

Breastfeeding Conference
August 2013

Winter

CREOG In-Training Exam
January 20 and 21, 2013

Spring

Annual Residents’ Day
TBD

ACOG Annual Clinical Meeting
May 4-8, 2013
New Orleans, LA

ABOG Written Board Examination
Last Monday of June (June 24, 2013)
Graduating Residents
Evaluation Process in Obstetrics and Gynecology

1. Evaluation of the Resident

   a. **Rotational Evaluations:** Attending physicians evaluate the residents through an online process on New Innovations at the end of each rotation. Residents may be evaluated by multiple physicians that they had contact with during an inpatient rotation or by a small number of faculty depending on the specific rotation. The resident receives an e-mail notification once an evaluation has been completed and should review and sign the evaluation on the New Innovations site (www.new-innov.com). Copies of the evaluations are kept online and in the resident’s file, which the resident have access to at any time in the program coordinator’s office.

   b. **General Competencies:** As part of the global evaluation completed by the attending physician, the resident is evaluated periodically in the following areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. An overview of the evaluations is included in the following chart.

<table>
<thead>
<tr>
<th>General Competencies</th>
<th>Evaluation Tools Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>Portfolio/ACGME Op Log, Chart Reviews</td>
</tr>
<tr>
<td>Surgical Skills</td>
<td>Surgical Skills Evaluation, Portfolio/ACGME Op Log</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>CREOG, Life Long Learning Series</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>Global faculty evaluation</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Professionalism evaluation, Web based module</td>
</tr>
<tr>
<td>Practice Based Learning</td>
<td>Portfolio/Self Evaluation, Web based module</td>
</tr>
<tr>
<td>Systems Based Practice</td>
<td>Crew Resource Management, Web based module</td>
</tr>
</tbody>
</table>

   c. **Program Director Evaluation:** as per RRC requirements, an overall written formative evaluation of each resident is completed approximately every 6 months. This evaluation time is set to allow for review of all evaluations from the previous six months. These will include review of evaluations from all completed rotations, procedure logs, self-evaluations and learning plans, surgical skills forms, research progress, Life-Long Learning scores, faculty group discussion and in-service training examinations scores. This process will allow the program director and resident to develop a formative evaluation of performance and documentation of progression through the program requirements. Advancement to each subsequent level of training is contingent on satisfactory performance. More frequent meetings may be undertaken if there are any concerns in resident performance.

   d. **Final/Summative Evaluation:** The program director provides a written final evaluation for each resident who completes or leaves the program.

      1. In the case of a resident completing the program, this includes a
review of the resident’s performance during the final period of training and verifies that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation is part of the resident’s permanent record maintained by the program.

2. In the case of a resident leaving the program or transferring to a different program, this includes a review of the resident’s performance during the final period of training and a discussion regarding the resident’s abilities to that point in the training process. Comments regarding ability of the resident to be advanced in the program at UNMC and current status with the program will be included.

2. Evaluation of Faculty: Teaching faculty are evaluated in December and June on their teaching ability, clinical knowledge, attitude and communication skills. Residents’ evaluations are through an online process on New Innovations. This process allows for the confidential evaluation of faculty members. Information from the evaluations are reviewed with the faculty member by the program director as part of the annual evaluation of the faculty which also includes participation in educational activities, resident teaching and attendance at department conferences.

3. Evaluation of the Training Program: Residents evaluate the training program through written evaluations at the end of each rotation through an online process on New Innovations. These evaluations are confidential and serve as part of an ongoing review of the curriculum. Evaluation of the program as a whole is conducted annually for all residents and faculty. There is a separate evaluation for residents completing their training as part of the exit interview process. The program is again evaluated by graduates in February and March of the year the graduates take the oral board examination. This evaluation focuses on preparedness for practice, etc. Information from all these sources is collated anonymously and reviewed by the Education Committee.

The departmental Education Committee consists of the program director, class faculty advisors, representation from each division including the midwifery division, the director of research and resident representatives. There are four resident representatives to this committee. The departmental educational committee considers resident performance, outcome assessment results and these program evaluations to improve the residency program and to determine the educational effectiveness of the program. Areas requiring improvement or alteration are discussed in this committee and proposed changes are acted on by the program as a whole at the annual education retreat. Minutes from these meetings are circulated to all faculty and residents. There is an annual education retreat to allow for discussion with the entire faculty and residents in the development of changes in curriculum for the program. Minutes from this retreat are complied and circulated to the faculty and residents.
Collection of Resident Case Numbers

The Residency Review Committee requires every resident for every rotation track procedures to allow for accurate collection of numbers of cases performed in training. This information is vital in making sure you are handling the appropriate number of patients for your level of education. It is very important to take the time to complete this case log accurately. This information is collected through the Resident Case Log System provided by the Accreditation Council for Graduate Medical Education (ACGME). All cases performed by residents will be entered via this system. Reports of specific cases done will be generated by the system.

The Resident Case Log System is an Internet-based data collection system utilizing CPT codes. **It is required that you enter your data weekly into the system. Failure to do so may result in disciplinary actions such as probation.** The program coordinator will check the system on Mondays to assure that your data has been entered for the previous week. Data may be entered from any computer connected to the internet site. The site is secured by an encryption certificate obtained through the Verisign Corporation and is HIPPA compliant. Access to the system is available through most commonly used Internet browsers and providers, with the following minimum browsing requirements: Internet Explorer 7.0 or later, Mozilla Firefox 2.0 or later, Opera 9.0.6 or later, Google Chrome 3.0.195.27 or later and Apple Safari 3.0 or later.

Residents will log on at the ACGME homepage at [www.acgme.org/Resident Data Collection](http://www.acgme.org/Resident Data Collection). Each resident will have a Username and Password with which to access the system. The Welcome Page is meant to keep you abreast of announcements. It will also provide you with the necessary tabs to perform your entry.

1. "Procedure" will allow you to add, edit, delete, and view procedures.
2. "Reports" allows you to view and print Resident Operative", Resident Detail, Defined Category, Available CPT Codes reports.
3. "Help" will provide you with an index of topics and information about the system.

**Major versus Minor procedures:**
For the purpose of uniformity in gathering data on the surgical experience of residents, the Residency Review Committee uses the following definitions.

- **Major Surgical Procedures:** The number of patients who have a surgical procedure which involves entering the peritoneal space, or which involves extensive dissection or excision (hysterectomy, laparoscopic sterilization, laparoscopy, colporrhaphy, vulvectomy, adnexectomy, fistula repair, urethropexy, etc.).
- **Minor Surgical Procedures:** The number of patients who have a surgical procedure not qualifying as a major procedure (D & C, hysteroscopy, suction curettage, biopsy, conization, Bartholin duct marsupialization, etc.).

**Level of Surgical Responsibility**
For the purpose of designating the level of resident responsibility in procedures, the Residency Review Committee utilizes the follow categories:

- **SURGEON:** Resident sees the patient preoperatively, and orders, discusses care with attending physician, and the resident performs more than 50% of surgical procedure, if one is performed, and cares for patient postoperatively under supervision. Also include cases where the resident has little involvement in the pre and/or post operative care of the patient but performs more than 50% of the surgical operation under supervision.
- **ASSISTANT:** Resident serves as assistant at surgery performing less than 50% of the surgical procedure and/or postoperative management.
- **TEACHING ASSISTANT:** A resident beyond the second year of training may be scrubbed on a surgical procedure with a role to supervise, teach, and/or assist a more junior resident in performing a case for which the junior resident performs more than 50% of an operative procedure and will claim "surgeon" responsibility.

PLEASE NOTE THAT THE DEFINITION OF SURGEON, above, allows a given procedure to be
claimed by only one resident as surgeon.

**GRADUATING RESIDENTS -** It is **MANDATORY** to file a case list at the end the final year of training. These case lists are maintained in the department's administrative area. The lists will be generated utilizing the case long system. It is imperative that the resident review and confirm accuracy of the list. This is mandatory so that the residency maintains accreditation. The list from the fourth year of training can be used for the oral board examination as outlined by the American Board of Obstetrics and Gynecology.

**Monitoring of Entry**

Entry of data into the system on an expedient basis by residents will allow for more accurate capture of true resident surgical and clinical activity. Surgical numbers for individual graduate and program numbers are an important part of the evaluation of the program by the Residency Review Committee (RRC) for Obstetrics and Gynecology, and these are dependent on the entry of data into the Resident Case Log System.

As this is so important, weekly monitoring of resident entry activity is done by Janice Golka. You will receive an e-mail if there has been no activity in the previous week on the Resident CPT Activity and you are not on vacation or at a meeting. The program director will be notified if a resident does not enter data for two consecutive weeks. **FAILURE TO ENTER DATA ON A WEEKLY BASIS MAY RESULT IN DISCIPLINARY ACTIONS INCLUDING PROBATION.**
Department Policies

I. Selection

a. Applications are accepted through the Electronic Residency Application Service (ERAS).

b. An Admissions Committee of three faculty physicians will screen all applications after they have been stratified into tiers based on performance on rotations and USMLE, for evidence preparedness, academic achievement, ability, communication skills and personal qualities such as motivation, integrity and professionalism.
   i. It is the goal of the department to train physicians that will be able to achieve unrestricted licensure and certification with the American Board of Obstetrics and Gynecology.
   ii. The Admissions Committee will further screen applicants for evidence that makes this applicant is either superior or unique. This may be in the form of outstanding academic achievement or in significant personal involvement in an activity that makes the applicant’s potential contribution to the department unique.

c. All applicants thus screened will then be invited to an interview and will be interviewed by residents and faculty including the Program Director and/or Chairman. Written comments by the interviewers will be prepared and collated. Applicants will also meet with the current residents.

d. After the completion of all interviews for the upcoming year, the applicants will be placed in rank order by a committee for the National Resident Matching Program.
   i. The committee will consist of entire faculty and residents.
   ii. This committee ranks applicants on the basis of all available information, and this ranking is submitted to the NRMP.

II. Clinical Responsibilities/Faculty Supervision

In an effort to provide a general overview of the resident roles, responsibilities and functions while on rotation in the UNMC Department of Obstetrics and Gynecology, the following policy guidelines are in place. This section is meant to address issues relating to degrees of independent clinical practice, interactions with and supervision by faculty, performance of procedures and interactions with or supervision of other residents and/or medical students. It is expected that residents will demonstrate ongoing maturity during each training year and will progressively transition into the next level of training for the next academic year. See Policies for Evaluation and Promotion.

a. Faculty Supervision
   i. Faculty physicians are required to have a 24 hour presence in the hospital.
   ii. A faculty on call schedule for the in house faculty physician will be generated on a monthly basis. This may be separate from faculty patient responsibilities and call schedule.
   iii. In house faculty not residents are on call for the Clarkson Tower for emergencies in Labor and Delivery. Residents must not respond to an emergency page in the Clarkson Tower L&D without notifying the in house faculty.

b. Fatigue and Stress
   i. The faculty physicians and residents have undergone education and training in fatigue and stress recognition. This is provided initially at resident orientation and is repeated at least every two years for the entire program.
   ii. If it is recognized that a resident is fatigue or demonstrating any form of impairment, it is the responsibility of the faculty physician to relieve the resident from duty.
   iii. The program director must be informed of any such events.

 c. Responsibility by Year of Training: In general, the roles, responsibilities and functions of a Department of Obstetrics and Gynecology resident, per training year, are as follows:
   i. PGY-I
1. Responsible for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.
2. Perform the initial assessment of the patient and actively participate in all aspects of patient care, including history and physical, diagnostic and therapeutic planning, procedures, writing orders, and interactions with family.
3. In-depth discussion of all cases with the chief resident and attending prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
4. No supervision or direction of decisions of other residents or medical students, but ensure active student involvement in the care of the patients the student is following.
5. All procedures must be done under direct approval and supervision of attending.
6. Emphasis is on quality of patient evaluation and care.
7. Will have experience with basic surgical instruments.
8. Allowed to suture the subcutaneous tissue independently after demonstrating adequate technical ability. All surgical procedures to the deep subcutaneous tissue require supervision by senior residents or attending staff.
9. May start IVs, and draw arterial and venous blood gases independently.
10. Responsible for maintaining medical records in compliance with department policy.
11. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.

ii. PGY-II
1. Continue with responsibility for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.
2. Continue to perform the initial assessment of the patient and actively participate in all aspects of patient care, including history and physical, diagnostic and therapeutic planning, procedures, writing orders, and interactions with family.
3. Responsible for being familiar with patients and serving as a resource for day-by-day patient data.
4. Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
5. Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending. Specialized diagnostic studies, uncommon therapeutic interventions, and use of consultants, must be discussed with the attending prior to initiation.
6. All procedures must be done with complete attending supervision and approval.
7. Responsible for maintaining medical records in compliance with department policy.
8. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.

iii. PG-III and PG-IV
1. Practice supervisory role with increased teaching, consultative and research activities.
2. In addition to the technical procedures for PG-2, may carry out surgical and diagnostic procedures without supervision as approved by attending staff.
3. May attempt or initiate procedures, with attending approval.
4. May assist with the attempt, or initiation of, procedures by more junior level residents, with attending approval.
5. Responsible for being familiar with patients and serve as the attending physicians principal resource for day-by-day patient data.
6. Responsible for running check-out rounds at change of shift and assuring complete exchange of information to allow for continued patient care. Serve as the source of information regarding patient data to residents and faculty assuming the care of patients.
7. Responsible for maintaining medical records in compliance with department policy.
8. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.

III. Supervisory and Educational Responsibilities of the Faculty
   a. Faculty Supervisory Responsibilities
      i. Faculty physicians are required to have a 24 hour presence in the hospital. This is assigned with the department call schedule. Members of the Generalist Division and the Maternal Fetal Medicine Division share this responsibility.
      ii. A faculty on call schedule for the in house faculty physician will be generated on a monthly basis. This may be separate from faculty patient responsibilities and call schedule. In house faculty physician is on call for the Clarkson Tower for emergencies in Labor and Delivery. Residents must not respond to an emergency page in the Clarkson Tower L&D without notifying the in house faculty.
      iii. Faculty physicians will supervise resident clinics as assigned.
   b. Faculty Educational Responsibilities
      i. Direct resident education.
         1. Each faculty physician will be responsible for providing two resident lectures each year at the request of the program director’s office.
         2. Each faculty physician will be responsible for providing or arranging two Grand Rounds presentations each year.
         3. Maintain willingness to mentor residents in their research projects and participate as needed in assisting with enrollment of subjects in the resident projects. This requires maintenance of CITI certification
      ii. Participation in educational events.
         1. Each faculty member will attend and participate in no less than 65% of educational rounds and conferences.
         2. Each faculty member will attend and participate in Morbidity and Mortality Conference when they are in town and clinically active.
      iii. Evaluation and provision of feedback of resident performance.
         1. Faculty members will complete resident evaluations in a timely manner, meeting the deadlines provided by New Innovations at least 90% of the time.
         2. Faculty members will complete surgical skills forms as requested by the resident or felt appropriate by the faculty member. These forms should be given directly to the resident and feedback provided regarding their performance.
         3. Faculty members will participate in the semi-annual faculty meetings focused on resident performance and provide feedback to the program director.

IV. Evaluations
   a. Resident Evaluation
      i. Residents are evaluated at the end of every rotation by the faculty supervising their rotations. All forms of evaluation and documentation of activity will be turned into the program directors office via New Innovations as it is completed. These are sent automatically to the resident for review. Case numbers will be turned in on a weekly basis
through the ACGME Resident Case Log System. The annual CREOG examination is utilized as a measure of medical knowledge. See page 97 and 98 for a complete statement on evaluation tools.

ii. The Program Director will meet with residents every six months to review their progress, evaluations and any test scores that are available. Written documentation of each of these meetings will be maintained in the residents file.

b. Evaluation of Rotations
   i. At the completion of each rotation, the residents will be given the opportunity to evaluate both the rotation and the supervising faculty. The Education Committee will review the evaluations of rotations to assure that goals and educational objectives are being met.

c. Evaluation of the Residency Program
   i. Evaluation by the program by the residents is an ongoing process that includes evaluation and feedback from graduates.
      1. Current residents are asked to evaluate the program on an annual basis. These evaluations are collated and utilized by the Education Committee to identify areas where there is concern and allow for the development of plans to improve the program. Formulation of plans for correction may occur at the education committee, in an assigned ad hoc committee or at the annual program retreat.
      2. Evaluation by graduating residents and alumni.
         a. At the time of the written examination of the American Board of Obstetrics and Gynecology and completion of the program (typically June of the graduating year), residents are asked to evaluate the program. This is in the form of an exit survey and covers issues with the completeness of their training and their preparedness for the written examination and independent practice.
         b. After the program graduate is taken the oral examination of the American Board of Obstetrics and Gynecology (typically 2 years after completion of the program) the graduate will be asked to evaluate the program again. This evaluation will be focused on the programs ability to prepare the graduate for practice, success in the examination process and ability to understand and complete the requirements for continued certification with the American Board of Obstetrics and Gynecology.

   3. Evaluation by the faculty members. Annually the faculty members are asked to evaluate the program in regards to the leadership and ability to educate the residents. These evaluations are collated and utilized by the Education Committee to identify areas where there is concern and allow for the development of plans to improve the program. Formulation of plans for correction may occur at the education committee, in an assigned ad hoc committee or at the annual program retreat.

d. Evaluation of the Faculty
   i. The evaluations of faculty members by the residents are confidential in that all identifying information is removed before the information is shared with the faculty member. These evaluations are utilized with the faculty expectations by the program to produce an annual evaluation of each faculty member.
   ii. Faculty members are evaluated annually by the program director. Information from the evaluations are reviewed with the faculty member by the departmental chair at the time of the annual review or sooner if necessary.

V. Reappointment/Advancement
   a. Reappointment shall be assumed for all residents. It will depend upon the residents’ academic and clinical performance, professional behavior, and the
availability of funding and the continuation of the residency program.

b. Advancement decisions may be made based on the resident’s time away from the training program.
   i. The resident must miss training for an extended period of time due to illness, injury, or other event beyond the resident’s control. In this case, the resident will be asked to complete additional training and may be retained at the same level of training to make up for the lost time.

c. Advancement and reappointment decisions may be made based on the residents continued progression toward independent licensure which requires completion of all steps of either the USMLE or COMLEX examination process. Residents will be dismissed if they do not meet the following criteria:
   i. The resident does not successfully complete Step 2 of the USMLE or COMLEX by the end of the first year of post graduate training. If this should occur, the resident will be placed on unpaid leave for up to 6 months. If the examination has not been passed by the end of these 6 months, the resident will be dismissed. This is in accordance with UNMC GME policy.
   ii. The resident does not successfully complete Step 3 of the USMLE or COMLEX by the end of the second year of postgraduate training. If this should occur, the resident will be placed on unpaid leave for up to 6 months. If the examination has not been passed by the end of these 6 months, the resident will be dismissed. This is in accordance with UNMC GME policy.

d. Advancement and reappointment decisions may be based on the licensure status of the resident. Resident will not be permitted to engage in any clinical activities unless there is a current copy of their temporary educational permit or permanent license on file with the program director’s office and GME.
   i. Temporary educational permits (TEP) are required for all residents who do not hold a permanent license in the state of Nebraska. These are renewed annually. Residents are notified in June to renew their TEP and file the current TEP with the program director’s office and GME. Failure to renew the TEP will result in loss of clinical privileges until the TEP has been renewed. This may result in extension of the residents training or loss of vacation time.
   ii. Residents who hold a permanent license must file a copy of their license with the program director’s office. In the state of Nebraska, license renewal occurs in any even-numbered year due in the month of October. All permanent licenses will be verified on October 1 with a new copy submitted to the program director’s office and GME.

e. The resident will be notified of non-reappointment as outlined in UNMC GME policies, no later than 4 months before the end of the resident’s current contract. If the primary reason for non-reappointment occurs when less than 4 months of the contract exists, the resident will be notified as early as possible.

VI. Procedures relating to unsatisfactory performance.

Four types of action are possible in the event of unsatisfactory performance by the resident during their training program. They are recommendation for improvement, on review, probation, and dismissal. The departmental policy with respect to these four actions is consistent with the policy for Graduate Medical Education at the University of Nebraska Medical Center as follows:

a. Recommendation for improvement
   i. If the house officer’s performance is not entirely satisfactory in one or more areas, the program director may send the house officer a letter containing a description of the areas that need improvement and recommendations for how the house officer may improve performance in those areas. This letter is in addition to the semi-annual evaluation and copies should be sent to the Graduate Medical Education Office and to the house officer’s academic file. This action does not involve a change in the house officer’s status.
   ii. As with other recommendations for improvement outlined in the semi-annual evaluation, areas for improvement contained in a letter of
recommendation for improvement will be discussed at the subsequent
semi-annual evaluation.

b. On review
   i. If questions are raised regarding the adequacy of the resident’s
      performance, the house officer may be placed “on review”. “On review”
      status indicates the house officer’s performance is being more closely
      scrutinized. Evaluations of specific parameters outlined in the
      notification will be requested during the three month period that the
      house officer is “on review”.
   ii. The house officer is placed “on review” through written notification to
      both the house officer and the Office of Graduate Medical Education.
   iii. This status must be resolved no later than three months after it is
        initiated.

c. Probation
   If a house officer’s performance is deemed to be unsatisfactory from academic or
   professional aspects or as a consequence of a breach of the House Officer
   Agreement or the Bylaws of the Board of Regents, the house officer may be placed
   on probation. If so, the house officer, the Office of Graduate Medical Education,
   and the Graduate Medical Education Committee shall be notified in writing. The
   notice shall include: the specific problems in the house officer’s performance,
   what will constitute evidence that the problems have been remedied, and the date
   at which the house officer’s performance will next be reviewed.
   i. A house officer may be placed on probation by the Program Director for
      reasons including, but not limited to any of the following:
         1. Failure to meet the performance standards of an individual
            rotation.
         2. Failure to meet the performance standards of the training
            program.
         3. Failure to comply with the policies and procedures of the House
            Officer Agreement or the bylaws of the Board of Regents.
         4. When reasonably documented professional misconduct or
            ethical charges are brought against a resident, which bear on
            his/her fitness to participate in the training program.
   ii. When a resident is placed on probation, specific remedial steps shall be
       established by the Program Director and provided to the resident in a
       written statement in a timely manner, usually within a week of the
       notification of probation. The Office of Graduate Medical Education and
       the Graduate Medical Education Committee will also be notified in
       writing.
   iii. The probation action will establish a length of time in which the resident
       must correct the deficiency or problem. Review of performance will be
       within 3 months.
   iv. Depending on compliance with the remedial steps, as established by the
       Program Director, a resident may be:
          1. Continued on probation for no longer than 3 additional months.
          2. Removed from probation.
          3. Dismissed from the residency program.

d. Dismissal
   i. Dismissal from a residency program may occur for reasons including but
      not limited to any of the following:
      1. Gross failure to perform duties of the training program.
      2. Failure to comply with the policies and procedures of the Office
         of Graduate Medical Education or the Bylaws of the Board of
         Regents.
      3. Illegal conduct.
      4. Unethical conduct.
      5. Performance and behavior, which compromise the welfare of
         patients, self, or others.
   ii. The Office of Graduate Medical Education will be notified and provided
       with all supporting documentation prior to initiating the dismissal
VII. Grievances

a. Policies regarding appeal of academic dismissal, unsatisfactory academic performance, or grievances involving terms of the House Officer Agreement are contained in the House Officer Agreement. This policy outlines the steps for resolution of any grievance. House officers should first attempt to resolve any grievances with their program director. In the department of Obstetrics and Gynecology, residents who feel they have not reached a satisfactory solution with the program director, may appeal to the Chairman to resolve the problem. If a satisfactory solution cannot be found at the department level, they may ask the Associate Dean for Graduate Medical Education in conjunctions with the Graduate Medical Education Committee to resolve the problem. If this does not produce a satisfactory resolution, a house officer grievance committee shall be appointed by the Dean, College of Medicine, and shall have include three house officers and three faculty members. The powers of the grievance committee are outlined in the House Officer Agreement.

VIII. Leave

a. Residents in the Department of Obstetrics and Gynecology receive vacation and leave in accordance to the policies of the Office of Graduate Medical Education. This is balanced with the requirements for eligibility of the American Board of Obstetrics and Gynecology. ABOG requires that training in Ob/Gyn not be interrupted for any reason longer than 8 weeks in the first three years of training, 6 weeks in the fourth year of training or a total of 20 weeks throughout the entire 4 years of training.

b. Scheduling guidelines have been set up to assist in the equitable arrangements of leave. See scheduling guidelines on pages 111. No more than two residents may be on leave at one time unless special arrangements have been made with the Program Director.

i. Vacation

1. 20 days paid vacation is allowed each year. This cannot include more than eight weekends.
2. Leave will be requested 8 weeks prior to the anticipated absence. Changes in the vacations schedule will be made at least 8 weeks in advance to allow for appropriate changes in the coverage of clinical duties.
3. All vacation requests will require a summary of duties that will need to be covered in the resident’s absence and plans for coverage/duties not able to be covered by fellow residents.

ii. Professional Meetings

1. Up to 5 days are allowed per year for professional/educational meetings, per GME policy. These require prior approval by the Program Director to assure appropriate educational benefit.
2. It is required that USMLE requirements are met prior to approval for other meetings.
3. Changes in the leave schedule will be made at least 8 weeks in advance as with vacations.

iii. Sick, Family, Military, Funeral, or Civil leave

1. As UNMC employees, one day per month is accumulated for the first two years of employment. After the first two years, each resident has up to 6 months of leave if needed.
2. Extended leave may result in extension of the resident’s training and this extension will be subject to approval from the Office of Graduate Medical Education and the Residency Review Committee for Obstetrics and Gynecology.

IX. Moonlighting

a. Moonlighting is only permitted if the Nebraska Medical Center and Nebraska Methodist Hospital and all resident clinics have adequate coverage. Use the Graduate Medical Education Locum Tenens Form for approval is necessary to assure your liability coverage remains intact. This form now requires a
Departmental approval, which is granted by the Program Director.

b. No house officer will be given permission to moonlight until they have an unrestricted Nebraska medical license. Individuals with a Temporary Educational Permit (TEP) are not covered by malpractice insurance. Any practice of medicine outside of the stipulated educational program is NOT be covered by your malpractice carrier (i.e., Planned Parenthood).

c. All moonlighting is counted toward the 80 hour work week. Hours will be recorded utilizing New Innovations and monitored by the program director’s office.

d. Residents involved with approved moonlighting will be monitored for fatigue and moonlighting will be curtailed if it results in excessive resident fatigue.

e. Failure to comply with this policy would be considered grounds for dismissal.

X. Work Hours and Work Environment

a. The departmental policy on work hours is to conform to institutional and ACGME mandated standards and to provide an adequate work environment.
   i. Residents will not have assigned duty more than an 80 hour work week, averaged over 4 weeks.
   ii. Residents will have one day in seven free of clinical duty averaged over 4 weeks.
   iii. Call will be no more frequent call than one out of three nights, averaged over 4 weeks.

b. Resident supervision by faculty physicians will be provided 24 hours a day at Nebraska Medical Center. Call is from home on the Methodist rotation. Duty hours will be recorded by all residents.

c. If a resident feels that they are going to violate the policy on duty hours as listed above:
   i. They should inform their supervising resident or attending as soon as the concern is recognized.
   ii. Arrangements should be made as soon as possible by the direct supervisor for the resident to complete transfer all patient care activities and be relieved of duty. If this is not possible the program directors office should be notified immediately.

d. Duty hours will be monitored by the program directors office through New Innovations.
   i. Residents are required to document their work hours through this system on a weekly basis.
   ii. Adjustments in assignment and hours will be made as necessary for fatigue and events that result in residents faced with exceeding the department prescribed duty hours.

XI. Medical Records

a. The completion of medical records is outlined in the Bylaws of Nebraska Health Systems and will be adhered by the residents in the Department of Obstetrics and Gynecology as follows:
   i. History and physical and consultations completed, including signature by the responsible physician within 24 hours of admission or consultation or prior to procedures.
   ii. A post operative note written in the chart and the operative report dictated immediately after the surgery and signed within 7 days.
   iii. As a minimum, a daily progress note. More frequent notes should reflect significant changes in or responses to treatment.
   iv. Discharge Summary dictated within 48 hours of discharge and signed within 7 days.
   v. Consultations dictated the day of the consultation.
   vi. Other documentation, to include signatures within 7 days of discharge.
   vii. Completion of a Cancer Staging form within 30 days of initial treatment of a newly diagnosed neoplasm.
   viii. All items requiring completion should be accomplished not later than 30 days past discharge.
   ix. Failure to complete records in the prescribed timelines will result in the removal of admitting privileges for the attending physician.
b. As medical staff bylaws do not address resident compliance with the requirements for completion of the medical record, the remainder of this policy is directed at resident compliance within the department of Obstetrics and Gynecology.

i. The Nebraska Medical Center utilizes electronic signature for all of the above documents and verbal orders. During orientation, the resident will learn to use the electronic medical record system.

ii. Residents will identify the responsible resident by printing their name on the discharge orders and note. Residents are strongly urged to write the ID# for the dictation on the chart at the time of any inpatient dictation for tracking purposes.

iii. Operative reports are to be dictated immediately following the procedure. The responsible resident will be identified through medical records by the surgical log. Residents are strongly urged to write the ID# for the dictation on the chart at the time of any inpatient dictation for tracking purposes.

iv. After transcription, dictations will appear in the resident’s CareCast “inbox” for review and correction. It is important to review these documents and all patient information in the inbox on a daily basis to assure that patient records are always maintained accurately and timely.

v. Residents will empty this queue of all dictations prior to vacations or scheduled absences. The resident will assign their inbox to a fellow resident during these absences.

vi. The responsible attending physician will be notified at the time of unscheduled absences so that the resident’s queue can be accessed and signed by the attending physician.

vii. Daily progress notes will be written after evaluation of all hospitalized patients. Notes entered by medical students are not acceptable documentation but must be reviewed for accuracy.

viii. Verbal and telephone orders are to be utilized sparingly and should never be used in the event of a change in patient status. Verbal and telephone orders are to be signed electronically within 24 hours of issue.

c. To assure compliance with these requirements the program directors office will:

i. Monitor the resident inboxes in Carecast on a regular basis.

ii. Residents will receive an evaluation of their compliance with medical staff policy at evaluation meetings with the program director.

iii. Failure to regularly complete signatures will result in the loss of surgical privileges at 7 days.

iv. If the failure of a resident to complete a chart results in a attending physician loosing privileges, the resident will be placed on probation.
Scheduling Guidelines for Leave

Call:
1. For the interns, all requested days of no call should be to Janice Golka six weeks prior to the 1st of the month.
2. The call schedule will then be released no later than the 1st of the preceding month. Example the call schedule for August will be released by July 1.

Leave: Please see Department Leave policy for complete policy regarding leave.
1. All OB/GYN Residents have 4 weeks (20 days) of vacation per year (20 week days). One week of vacation will be taken in each three month period of time. If a vacation is not requested in a three month period of time, the program director will assign 5 days of leave based on the rotation and the leave schedule.
2. One week (5 days) is available for meeting time for all residents who have completed their GME requirements for promotion and retention.
3. As many as three residents can be granted leave for meetings or vacation the same week. This will be dependent on the rotation they are on and the services that need to be covered. Additional educational leaves may be granted when 3 residents have approved vacations based on approval by the Program Director. Educational benefit will need to outweigh the decreased coverage to the patient care services.
4. Three weeks of vacation must be taken in 5 day blocks. The fourth week may be divided in either a 1 day/4 day split or a 2 day/3 day split in the first and second year or be taken in a 5 day block. 2 and 3 day vacations must be taken at the beginning or end of the week – mid-week vacations are strongly discouraged.
5. A 2 or 3 day vacation counts as one resident taking that week – so only two other residents can take a vacation that week. For example, three residents cannot have the full week and another resident have 2 or 3 days.
6. Residents in the third and fourth year may split one week into single days for the purpose of interviewing for practices or fellowships. If this time is used for interviewing, two weeks notice may be given for a single day off.
7. In certain situations a three day vacation may be taken around a weekend (Friday, then Monday and Tuesday). In this instance both weeks are counted in the three residents per week rule.
8. You are not guaranteed both of the weekends around your vacation. If you have special requests/events please make them known ahead of time (ie, weddings, graduations etc that are planned more than 8 weeks ahead).
9. Two residents from the same service cannot be gone at the same time. A two or three day vacation counts as a resident being gone that week.
10. Two first year residents cannot be gone at the same time. This includes off service residents on Obstetrics.
11. There is no vacation allowed during assigned night float weeks.
12. Vacation may not be granted on one month rotations that are at the discretion of other departments.
13. No vacations will be granted in the last two weeks of June.
14. In July, only second and third year residents may request vacations during the last two weeks of July, two per week only, subject to appropriate coverage arrangements.
15. In July, no fourth year residents or first year residents will be granted vacation time.
16. Vacation request forms (located in the resident room) must be completed with a coverage plan at least 8 weeks before the time requested. For all requests, a written plan for coverage will be submitted.
17. If a conflict occurs and cannot be settled with negotiation:
   a. The most senior resident will be granted the week in question.
   b. If the conflict persists it will be settled by the residency program director.
   c. Conflicts should be addressed with the program director no later than 8 weeks prior to the time being requested. Conflict left longer than that may not be resolved and leave not available.
INTERACTION OF HOUSE STAFF WITH
THIRD-YEAR MEDICAL STUDENTS ON
THE OBSTETRICS AND GYNECOLOGY ROTATION

Every six weeks a new group of third-year medical students rotate through the Obstetrics and Gynecology Department. This is a required rotation by the College of Medicine. The residents are an integral part of the education process. The student’s schedule includes three two-week clinical blocks: Inpatient Obstetrics, Inpatient Gynecology (benign and oncology), and Outpatient Clinics. The Inpatient Obstetrics block will be done at either the University or Methodist Hospital while the Inpatient Gynecology and Outpatient Clinics blocks will be assigned to the University Hospital.

The third-year medical students have varying degrees of experience depending on a variety of factors, especially depending on where they are in their third year. The students look to the residents for direction, and it is important that the residents take into account the students’ previous level of training in providing them assistance. The students depend on the residents for a large percentage of their clinical education, and many of their professional habits will be based on behaviors they observe in the house staff. Therefore, your ability to impact on the medical students’ development may indeed be greater than that of the faculty. An important aspect of your educational role with the medical students is role-modeling. One component of this behavior, and one that is often overlooked, is the interactions you have with each other, your faculty, and other services. You must, at all time, conduct yourselves professionally and any discord must be addressed appropriately and in private.

Each rotation of students undergoes an orientation process on the first day. The chief residents on the University Obstetrics and Gynecology services will provide an on-site orientation for the University students where the daily routine and expectations will be outlined. The students assigned to Obstetrics at Methodist will receive specialized instruction at Methodist in addition to the general orientation session.

Additionally, residents play an important role in providing feedback and evaluation of the students. Performance evaluations for the students will be done by a department-wide consensus grading session held during the lunch hour the Wednesday after the conclusion of each group rotation. Attendance during this evaluation process is required of both faculty and residents. Lunch is provided. Residents are expected to alert the Clerkship Director and/or Clerkship Coordinator during the rotation if concerning student performance issues are encountered. These issues include (but are not limited to) unprofessional behavior as well as difficulty encountered with performing usual activities as assigned to students. The students are expected to be present for assigned clinics and carry out their inpatient duties as assigned by the chief residents. A student failing to comply with these expectations should be reported promptly to the Clerkship Director, preferably in writing (e-mail).

The benefits to the residents from participating in medical student education are numerous. While teaching, it is likely that the house officers will identify weaknesses in their own knowledge that needs remediation. Further, a great deal of personal satisfaction is derived from witnessing the learning achievements of students as the result of one’s efforts. Your actions, behavior, assistance and efforts may very well play a pivotal role in a student’s career choice.

Finally, it is important that residents develop an understanding of the process of teaching because they will be teaching themselves and their colleagues until the end of their professional careers - in short, life-long learning.
BILLING and DOCUMENTATION

The billing manager is Micki Creswell (9-9854 or macreswe@unmc.edu)

KEY POINTS

1. Professional Fee Billing is done by UNMC Physicians, the faculty practice group at the University Nebraska Medical Center.

2. None of the entities (UNMC, UNMC Physicians, or our hospital affiliates, The Nebraska Medical Center and Bellevue Medical Center) are charitable institutions. It is our goal to collect all balances rightfully owed by third party payers or patients.

3. Even though we receive some state funds, the Department of Ob/Gyn relies on professional fees for a large majority of its revenue budget. It is incumbent upon everyone involved in clinical care to assist with the billing process in order to maximize revenue and ensure financial stability for our academic programs.

4. UNMC Physicians does not bill or collect for hospital services, which include inpatient facility fees and laboratory / radiology fees. UNMC Physicians bills only for:
   a. Professional services performed by a physician or mid-level practitioner in the outpatient or inpatient setting,
   b. Any accompanying outpatient support staff costs,
   c. Any office lab procedures,
   d. Any accompanying outpatient clinic operating and supply costs, and
   e. Any special supplies provided to the patient (e.g. IUD, Injectable) in the outpatient setting.

5. Account balances are ultimately the patient’s responsibility regardless of insurance coverage. Co-payments, deductibles, and referrals are due at the time of service.

6. In general, we bill a professional fee for each patient-provider encounter, both inpatient and outpatient.

7. For obstetrics patients, the billing usually occurs after the delivery. A global fee is billed for the entire series of encounters including all prenatal visits, the delivery, and post-partum care. There are special rules governing ultrasounds done during the prenatal period.

8. For surgical patients, a global fee may be charged which covers the pre-surgical work-up, the surgery, and the post-operative care.

9. Outpatient billing in Ob/Gyn is captured through the provider’s completion of an encounter in the One Chart system. It is essential that the correct billing information be obtained for every patient encounter. We rely on the provider for much of this information, in order to determine the correct billing and maximize reimbursement.

10. Inpatient billing is captured through the provider’s completion of an encounter document.

11. Providers and medical personnel should never quote fees or promise discounts to the patient. Some key words to avoid are “insurance only” and “professional courtesy”. These practices are considered insurance fraud.

12. We do not bill for services provided by a resident alone. We bill only under a staff physician or mid-level practitioner’s name.

13. There are strict rules for supervising physician physical presence and documentation of a patient encounter, in order to properly support a submitted bill. Failure to follow these rules could result in multi-million dollar fines levied by the federal government against
14. We will not submit a bill for an encounter until we verify the existence of an accompanying note. In some cases, that note will be audited prior to submission of the bill. UNMC Physicians also requires a quarterly sample audit of notes already billed.

15. CONSENTS: Tubal ligation and hysterectomy consent forms are MANDATORY requirements for Medicaid patients. The hysterectomy consent form must be signed by the day before the surgery. The tubal ligation consent form must be signed 30 days prior to surgery. There are very strict guidelines for completing the tubal ligation consent forms. Note the completed example.

16. Third party carriers in general place many restrictions on MD’s such as mandatory second opinions, pre-certification of admissions, pre-admission review, same day surgery, and surgery precertification. This is an ever-changing phenomenon and depends on not only what carrier is involved, but also what company might insure its employees through that carrier. Billing personnel are available to assist with these details.

17. FINANCIAL COUNSELOR: The Olson Center (main Durham clinic) utilizes two financial counselors, to assist the patient with alternative payment sources and to assist us with collection of large amounts due. The patient’s visit with the financial counselor may cause a delay in the provider’s clinic flow, and make the provider wait. However, it is necessary in order to ensure all bases are covered with that patient’s account.

18. SURGERY SCHEDULING: All surgical procedures require that the billing office be involved on the front end, for the following reasons:
   a. A precertification may be necessary.
   b. A referral may be necessary.
   c. The insured patient may not have coverage for the procedure.
   d. The insured patient may have a high deductible or high co-insurance amount to pay, and we prefer to collect it before it goes to accounts receivable.
   e. The self-pay patient may need charity care. If the case is determined to be elective, UMA and the hospital won’t do charity care and the case becomes uncollectible. However, the financial counselor can try to get the patient to go to Douglas County, who will screen the patient and then cover our fees. Or perhaps Medicaid will cover (for the very poor).
   f. The self-pay patient may need to make a deposit (or we should at least try to arrange some sort of prepayment).
   g. Tubal consents may be needed.
Resident Documentation

Residents are responsible for documenting all outpatient clinic encounters that they conduct as a part of their continuity clinics or other outpatient clinics to which they are assigned. It is essential and expected that these encounters will be completed in the One Chart system and forwarded to supervising faculty within 24 hours of the clinic visit.

Residents are responsible for documenting all admissions, daily notes, procedures and discharges utilizing One Chart starting on August 4, 2012. Please see the Department Policy section for detailed information regarding the Bylaws of the Nebraska Health Systems requirements for completion of medical records. Though dictation is essentially eliminated with One Chart the timeliness of completion of the medical record is not and the timelines need to be adhered to in order to insure accurate communication between members of the care team. Failure to complete records will result in the removal of privileges for the attending physician which would compromise the resident’s education. Compliance with completion will be monitored and will be part of the semi-annual evaluation of the resident for professionalism and interpersonal skills and communication.
### DESCRIPTION OF RESIDENCY BENEFITS

**2012-2013**

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<th>Availability</th>
<th><strong>Details/Maximum Amount</strong></th>
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<td>PGY-2 Salary</td>
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<td>Meals</td>
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<td>On Call</td>
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<td>Laundry (White Coats)</td>
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<td>Resident counseling/psychotherapy</td>
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<td>Free Parking</td>
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<td>Textbooks/Educational Allowance</td>
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<td>$500 allowance to be expended on any combination of textbooks, meeting/travel expenses, photocopying/audiovisual</td>
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<td>ACOG Jr. Fellow Dues</td>
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<td>Annual Resident’s Day Dinner</td>
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<td>Photocopying/Audiovisual</td>
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<td>Manuscript typing</td>
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<td>Computer Literature Search</td>
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<td>Inter- Library Loan</td>
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<td>Paid Leave - Meetings/Courses</td>
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<tr>
<td>Maternity/Paternity Leave</td>
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<tr>
<td>Formal House Staff Organization</td>
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<td>House Officers Association</td>
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<td>Availability</td>
<td>Details/Maximum Amount</td>
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<tr>
<td>DEA</td>
<td>Yes</td>
<td>Paid for by the Nebraska Medical Center for the first year, Renewals are the responsibility of the resident</td>
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<td>BLS/ACLS</td>
<td>Yes</td>
<td>Required for ICU in the second year of training and paid by the department (one time only)</td>
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<tr>
<td>NRP</td>
<td>Yes</td>
<td>Required by department, paid for as needed to maintain certification (usually first and third year)</td>
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ABBREVIATIONS AND ACRONYMS

AAFP  American Academy of Family Physicians
AAMC  Association of American Medical Colleges
AAOS  American Academy of Orthopedic Surgeon
AAP   American Academy of Pediatrics
ABOG  American Board of Obstetrics and Gynecology
ACME  Accreditation Council for Continuing Medical Education
ACGME Accreditation Council for Graduate Medical Education
ACOG  The American College of Obstetricians and Gynecology
ACP   American College of Physicians
ACR   American College of Radiology
ACS   American College of Surgeons
AFS   The American Fertility Society
AGOS  The American Gynecological and Obstetrical Society
AHA   American Hospital Association
AMA   American Medical Association
AOGQ  Association of Obstetricians and Gynecologists of Quebec
APA   American Psychiatric Association
APGO  Association of Professors of Gynecology and Obstetrics
ASA   American Society of Anesthesiologists
ASIM  American Society of Internal Medicine
ASPOG American Society for Psychosomatic Obstetrics and Gynecology

CAOG  Central Association of Obstetrics and Gynecology
CAP   College of American Pathologists
CITROG Committee on In-Training Examination of Residents in Obstetrics
       and Gynecology
CMSS  Council of Medical Specialty Societies
CREOG Council on Resident Education in Obstetrics and Gynecology

DIST VI - ACOG ACOG has 10 districts. Nebraska, North and South Dakota,
       Minnesota, Iowa, Wisconsin, Illinois, Manitoba and Saskatchewan are in
       District VI. The Nebraska Section (e.g. each state) also has its own
       activities.

FACOG  Fellow, The American College of Obstetricians and Gynecologists
FIGO  Federation of International Gynecology and Obstetrics
ICS   International College of Surgeons

JCAHO  Joint Commission on Accreditation of Healthcare Organizations
JFACOG Junior Fellow of the American College of Obstetricians and
       Gynecologists

(All residents should become members of the American College of
Obstetricians and Gynecologists Junior Fellows during their
first year of residency. Ask staff for references.)
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>LCOG</td>
<td>Liaison Committee for Obstetrics and Gynecology</td>
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<td>LCGME</td>
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<td>MOMS</td>
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<td>NOGS</td>
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<td>National Resident Matching Program</td>
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<td>Omaha Medical Society</td>
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<td>OMWCS</td>
<td>Omaha Mid-West Clinical Society</td>
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<td>SGO</td>
<td>The Society of Gynecologic Oncologists</td>
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<tr>
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