The Department of Obstetrics & Gynecology

House Officer Manual
2017-2018
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The Department of Obstetrics and Gynecology
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Assistant Professor

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Nurse Practitioner
University Nebraska Medical Center  
Department of Obstetrics and Gynecology  
Resident Training Program  
Overview

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 fourth 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 as assigned to you on Blackboard 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. Details regarding this project are covered under resident research. There are other opportunities for scholarly activity including a monthly journal club, departmental, local, and regional presentations, publication of case reports, and participation in other research activities in or outside the department. All residents also participate in Quality Improvement projects during their training.

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 care, 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 ACGME Milestones as a resident 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). In addition, residents are responsible for discussing each case with faculty immediately after the procedure utilizing the My TIP Report system to complete a surgical skills evaluation. 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 manager’s office. These evaluations, as well as formal and informal feedback, will be utilized by the department’s Clinical Competency Committee (CCC) to assess every resident’s performance twice per year to determine progress in achieving ACGME Ob/Gyn Milestones.

Residents will meet with the Program Director twice each year to review their evaluations, Milestones, 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 as determined by the Milestone based assessment process 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, seeking support from your fellow residents, and enlisting the aid of the faculty, mentors, and the program director. Recognize when things begin to be overwhelming, and seek help early. 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 2017-2018

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Continuity Clinic – Longitudinal Experience
Level: PGY 1, 2, 3, 4

Supervision: Resident → Faculty
The residents will work directly with the attending physician assigned to their continuity clinic or acute 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 clinic procedures competently.

Objectives: Over three years, the resident will demonstrate the ability to:
1) Prepare for office procedures including gathering/requesting appropriate instruments, obtaining informed consent, performing time out verification process, and ordering procedure and necessary testing and/or supplies in EMR.
2) Appropriately use of gloves, supplies, and procedural techniques to avoid contaminating stationary office equipment, and to provide sterile technique where required.
3) Document procedure accurately and in a timely manner in the EMR.

Specific office procedures to perform include the following:
4) Obtain a pap smear for cervical cancer screening.
5) Endometrial biopsy.
6) Vaginal and vulvar biopsies.
7) Placement or insertion of Word’s catheter, IUD, and laminaria.
8) Colposcopy with biopsies and endocervical curettage.
9) Cryosurgery and LEEP procedures.
10) Fitting for pessaries and diaphragms and appropriate evaluation during follow-up visits.
11) Incision and drainage of abscess.
12) Skin biopsy.
13) Breast cyst aspiration.
14) Office hysteroscopy.
15) Office ultrasonography. (informal bedside transabdominal and transvaginal ultrasound for early pregnancy dating, endometrial stripe measurement, etc.)
16) Treatment of HPV of the vulva and perianal skin with TCA when appropriate.
17) Skin excision (mole, skin tag, inclusion cyst, lipoma)
18) Difficult removal of IUD
19) Placement of Nexplanon contraceptive implant
20) Cervical polyp removal
21) Open or explore postsurgical wounds
22) Manage vulvar skin abscesses in clinic

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) Health care maintenance/well woman care and screening.
3) Acute and chronic vaginal infections
4) Acute and chronic pelvic pain.
5) Abnormal uterine bleeding in preadolescent, adolescent, premenopausal, peri-
menopausal, and postmenopausal age groups.
6) Abnormal pap smears.
7) Sexually transmitted diseases including screening, diagnosis, treatment and follow-up.
8) Initiate contraception and appropriately counsel patients regarding use.
9) Counsel and manage contraceptive needs for medically complex patients.
10) Primary infertility.
11) Outpatient presentations of ectopic pregnancy, missed abortion, incomplete abortion, PID, wound infection, symptomatic Bartholin’s cyst, and pelvic masses.
12) Symptomatic prolapse and urinary incontinence.
13) Prescribing medications commonly used in gynecologic practice, such as oral contraceptives, hormone replacement therapy, Clomid, Depo Provera, Depo Lupron, methotrexate, antibiotics, cytotec, antibiotics for UTIs, STDs, vaginal infections, compounded pharmacy medications such as progesterone, DME, expedited partner therapy, etc.
14) Female patients with common medical problems.
15) Patients with breast concerns/findings
16) Vulvar complaints and treat various vulvar dystrophies.
17) Women in gay/lesbian relationships.
18) Women considering early pregnancy termination.
19) Missed or incomplete abortion.
20) Demonstrate understanding of state laws governing treatment of minor (under 19) females in clinic.

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.
3) Demonstrates a knowledge of and adherence to care based upon published Practice Bulletins, Committee Opinions
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, families, and clinic MA/RN staff.
Objectives: The resident will demonstrate the ability to:
1) Counsel patients appropriately on age specific health screening and preventive medicine/gynecological cancer screening and immunizations.
2) Counsel women regarding menopausal hormone therapy.
3) Screen and counsel patients desiring assistance with smoking cessation, domestic violence, sexual dysfunction, weight loss, nutrition, and depression.
4) Demonstrates an understanding of Medicare inclusion and exclusions related to well woman care and demonstrate an ability to appropriately document encounter and bill for these patient encounters.
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 patient charts of all patient encounters in the clinic, meet meaningful use documentation criteria, and route to appropriate faculty for signature within 24 hours.
6) Implement EHR workflow updates given to all clinic providers.

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.
4) Alert patients via clinic staff of clinic delays and waiting time.

**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.
3) Completes routine preoperative orders, makes presurgical assessments.
4) Understands concepts of prior authorization of insurance for 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.
3) Demonstrates sensitivity to patient care discussions being held with faculty, other residents, students and/or clinic staff out of patient hearing range (in confidential area).

**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.
4) Be familiar with ACOG Practice Bulletins.
5) Manage the BHcG quant list while on the GYN service

**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.
3) Submitting charges accurately via the electronic medical record system utilizing LOS and charge capture.

**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.

**Goal:** Utilize the electronic medical record to optimize patient care

**Objectives:** The resident will demonstrate the ability to:
1) Review the EMB to obtain information about the patient’s medical history, including accessing scanned documents, lab, and imaging.
2) Utilize EMR to communicate results of lab and imaging by consistently routing results to RN staff.
3) Meet meaningful use criteria

**Evaluations:**
1) Global evaluation will be performed based on faculty evaluations completed in New Innovations and as a part of the Clinical Competency Committee assessment.
Ambulatory Medicine
Level: PGY-1

Length of Rotation: 2 months

Description of Ambulatory Medicine:
Two months are spent on this rotation in the first year of training. The clinical experience blends distinctive elements of ambulatory medicine in our curriculum. The schedule for this rotation is below followed by the description of the individual learning objectives for each element.

Educational Activities:
1) Recommended Reading
   a) Selected articles as assigned by Dr. Bonnema.
2) Conferences
   a) Wednesday educational conferences in Ob/Gyn department.
   b) Diagnostics in Obstetrics and Gynecology.

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

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Ambulatory Primary Care/Ambulatory Gynecology

**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 and with Dr. Rachel Bonnema. This clinic site allows the resident to participate in a primary care setting with longitudinal and acute patient care visits. In addition, residents will attend clinics in Ambulatory Gynecology, Ambulatory Breast Care, Early Pregnancy Assessment, and Dysplasia staffed by faculty from the Division of General Ob/Gyn.

**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.

**Goal:** Perform basic gynecologic procedures competently.

**Objectives:** The resident will demonstrate the ability to perform the following:
1) Perform insertion of IUD/contraceptive implant.
2) Perform colposcopy of the uterine cervix
3) Perform LEEP procedures for cervical dysplasia.
4) Perform endometrial biopsy.

**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: 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 family planning services to women.

Objectives: The resident will demonstrate the ability to:
1) Counsel on the effectiveness, risks, benefits, and contraindications of available forms of contraception
2) Counsel on the effectiveness, risks, benefits, and contraindications for male and female sterilization
3) Perform intra-uterine and implantable contraceptive placement
4) Perform basic first trimester uterine evacuations (medical and surgical)

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.

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 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: Evaluate and manage women with bleeding in first trimester.

Objectives: The resident will be able to:
1) Demonstrate the ability to formulate a differential diagnosis (e.g., ectopic pregnancy, spontaneous abortion, non-obstetric etiologies)
2) Counsel patients regarding natural history and treatment options
3) Utilize non-surgical and surgical methods to manage patients with ectopic pregnancy, abortion (spontaneous, induced)
4) Demonstrate an understanding of complications related to first trimester bleeding and its management

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 rotation and continuity clinics as assigned.
2) Attend Wednesday educational conferences.
3) Attend Diagnostics in Ob/Gyn conference on Fridays.
4) Attain certification in Neonatal Resuscitation in the first year of training.
5) Take weekend or night call as assigned on the Ob/Gyn service.
6) Notify Sarah/Dr. Griffin if scheduled rotation clinics are cancelled so alternative assignments may be made.

Evaluation:
1) Global evaluation will be performed by Dr. Shannon Boerner and Dr. Rachel Bonnema, and gynecology faculty (Drs. Griffin, Kinney, and Amoura) 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. Attending coverage for in-house and emergency room patient consultations is assigned as the daily Gyn Rounder.

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:
5) Perform examination under anesthesia.
6) Perform colposcopy of the uterine cervix
7) Perform LEEP procedures for cervical dysplasia.
8) Perform diagnostic hysteroscopy with dilation and curettage.
9) Perform diagnostic laparoscopy- insufflation and placement of trocars.
10) 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) Abnormal uterine bleeding.
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 completed on the day of surgery and electronically routed to the attending for signature.
2) Discharge summaries are to be completed on the day of discharge and electronically routed to the attending for signature.

**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) Reading appropriately on patient consults.
   2) Prepare for surgical procedures by reading about new procedures prior to participating in the procedure.
   3) Trigger New Innovations procedure evaluation to be sent to the attending physician after most procedures, and requesting feedback directly.

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 with students and chief resident 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 MEDICINE hospital policy.
   3) The ability to appropriately and safely position patients for operative procedures and do time out.
   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 how insurance can 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 weekly gynecology teaching conferences (student presentations and resident topic discussion) under the supervision of the chief resident and attending physician.
   5) Prepare for PreOp conference presentations of patients for the following week.
   6) Participate with evaluation of admissions and consultations to the gynecology service.
   7) Participate on surgical cases as assigned and be available to meet private attending preoperative patients if available.
   8) Help to maintain the b-hCG quant list with the chief resident and clinic nursing staff.
   9) Complete H&Ps, consultation notes, and discharge summaries in One Chart in a timely fashion.
   10) Attend Wednesday educational conferences.
11) Attend other conferences as listed.
12) Take night or weekend call as assigned.

**Evaluation:**
1) Global evaluation will be performed by the Gynecology physicians at the completion of the rotation.
2) Surgical skills evaluations should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
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-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 as the OB Rounder for the day. MFM attending for the day is also designated for MFM patients. Outpatient OB care is provided as a part of the continuity clinics, and supervised by the assigned Gyn Rounder.

Educational Activities:
1) Recommended Reading
   c) Medical Ultrasound Safety American Institute of Ultrasound in Medicine, 3rd Edition 2014.
      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.

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:
Rounds start at 7 am M-F, 8 am S-S
This is a two week rotation block, with the two OBG interns on service alternating weeks.

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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 sterilization.
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/ triage 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 interpret fetal heart rate tracings to determine when interventions may be indicated.
6) Demonstrate the ability to manage labor induction with cervical ripening.
7) Demonstrate the ability to use oxytocin appropriately.
8) Perform intrauterine resuscitation
9) Communicate effectively with RN staff caring for laboring patients.

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) Determine indications for DVT prophylaxis and provide when indicated.
5) Manage postpartum hemorrhage with supervision.
6) Assess common postpartum/postoperative complications and develop appropriate management plans.
7) Provide/educate patients on appropriate contraceptive options
8) Counsel and provide immunizations when indicated.

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) Counsel patients on options for screening including first trimester aneuploidy screening, CF screening, quad screen, neural tube defect screening (AFP), and other genetic screening for high risk patients.
3) Perform early pregnancy assessment.
4) Appropriately utilize ultrasound in pregnancy.
5) Appropriately utilize antenatal testing.
6) Assess patients at risk of complications of pregnancy and develop appropriate management plans with input from faculty.

**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/genetic disorders.
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 appropriately assess and 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, cholelithiasis, constipation).
5) Anemia in pregnancy.
6) Preeclampsia and hypertension in pregnancy.
7) Postpartum contraception.
8) Breastfeeding.
9) Maternal obesity.

**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.

**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

**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.
6) Ability to manage abnormal fetal heart rate tracings.

**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.
6) Contraindications 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) Postpartum DVT/PE.
5) 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) Etiology of postpartum hemorrhage.
2) Agents used to treat postpartum hemorrhage.
3) Risk factors for postpartum hemorrhage.
4) Contraindications for use of agents to treat postpartum hemorrhage.

Goal: Understand the rationale for prenatal testing.

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.

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.

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) Vaginal delivery  
2) Trial of labor after cesarean  
3) Postpartum tubal ligation.  
4) Primary cesarean delivery.  
5) Repeat cesarean delivery.  
6) Operative vaginal delivery.  
7) Consent for transfusion.  

**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) Discharge instructions after pregnancy loss/D&C.  
5) 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) Completing accurate and timely hand offs at service transitions.  
2) Requesting consults from other services with appropriate information.  
3) Entering operative reports into the EMR immediately after procedures.  
4) Entering discharge summaries into the EMR within 24 hours of discharge.  

**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.  

**Goal:** Counsel patients about 1st trimester pregnancy loss  
**Objectives:** The resident will be able to do the following:  
1) Discuss etiology/incidence of pregnancy loss with patients  
2) Counsel patients on options for management of 1st trimester pregnancy loss  
3) Counsel patients regarding future pregnancy and need for additional testing if indicated.

**Professionalism**  
**Goal:** Maintain patient confidentiality  
**Objectives:** The resident will demonstrate:  
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA  
2) The ability to protect health-related patient information to comply with HIPAA  
3) 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.  
6) Use of social media, email, and other communication platforms.

**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) 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 Medicine policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medicine policy for patient identification.
5) Participate in obstetrical simulations and drills.
6) Correctly perform “time outs” prior to procedures.

**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.

**Newborn Medicine and Lactation**

Supervision: PGY-1 Lactation Consultant
The PGY-1 will work with the inpatient Lactation Consultant on Thursday mornings. The resident is responsible for identifying who and where to meet each Thursday.

**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 lactation service by:
1) Maintaining a professional attitude with the nursing and ancillary staff.
2) Evaluating assigned patients/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.

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) Prepare and present Diagnostics conference as assigned.
13) 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Obstetrics at the first year level the following procedures should be evaluated with On Demand evaluations: Vaginal delivery, Perineal laceration/Episiotomy repair, Circumcision, Primary section, Postpartum tubal
4) Residents must complete OB ultrasound skills assessment with Dr. Berg.
5) 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-1

Service: Gynecologic Oncology

Length of Rotation: 1 month

Supervision:  PGY-1 ——> 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.

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. Entering discharge summaries into the EMR within 24 hours of discharge.

**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.
2. 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 Medicine policy for surgical site identification.
3. Demonstrate compliance with Nebraska Medicine policy for patient identification.

**Duties and Responsibilities:**
1. Serve as the PGY-1 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 entered in One 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 enter in One Chart 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
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.

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) Thursday afternoon - Resident book chapter review and education.
   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:

9) Perform examination under anesthesia.
10) Perform the evacuation of molar gestation.
11) Function as the second assistant for radical hysterectomy and pelvic lymphadenectomy.
12) Function as the second assistant for bowel surgery.
13) Function as the second assistant for radical vulvectomy.
14) Function as the second or first assistant for hysterectomy for uterine cancer.
15) Function as the first assist for major vaginal and abdominal cases beginning to gain experience as the primary surgeon.
16) Demonstrate basic skills in operative laparoscopy.

**Goal:** Appropriately manage oncology patients on the ward and in the intensive care setting.

**Objectives:** The resident will:

4) Evaluate postoperative oncology patients daily as assigned and develop an understanding of immediate postoperative cancer care.
5) Evaluate patients hospitalized with complications of gynecologic cancers daily as assigned and develop an understanding of the complications of these cancers.
6) 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:
6) Patients undergoing chemotherapy.
7) Patients undergoing radiation therapy.
8) Patients requiring genetic counseling.
9) Patients requiring multidisciplinary care.
10) 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:
- 4) List the chemotherapy agents used to treat gynecologic cancers.
- 5) List the side effects of these agents.
- 6) 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:
- 6) Cancer staging in gynecologic oncology during discussions.
- 7) Risk factors for gynecologic malignancies during discussions.
- 8) Epidemiology of gynecologic malignancies during discussions.
- 9) Histologic and cytologic findings in gynecologic malignancies during discussions.
- 10) 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:
- 3) Obtain pertinent history from patients referred for gynecologic cancers.
- 4) 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:
- 4) Providing appropriate check out when handing patients to another team member.
- 5) Requesting consults from other services with appropriate information.
- 6) Entering discharge summaries into the EMR within 24 hours of discharge.

**Professionalism**

**Goal:** Maintain patient confidentiality  
**Objectives:** The resident will demonstrate:
- 3) The ability to protect health-related patient information per HIPPA compliance.
- 4) 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:
- 6) Medical students.
- 7) Nursing and support staff.
- 8) Supervising faculty.
- 9) Consulting residents.
- 10) 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:
- 3) Discuss studies regarding surgical management of gynecologic cancers.
- 4) 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:
- 3) Receptiveness to faculty and supervising resident instruction and feedback.
- 4) 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:
5) Refer patients appropriately to home health services.
6) Refer patients appropriately for psychiatric services.
7) Refer patients appropriately for social services.
8) Schedule appropriately timed visits for postoperative care and radiation or chemotherapy.

Goal: Provide safe patient care in oncology surgery.

Objectives: The resident will:
4) Follow recommended operating room protocols in for patient safety based on the principles of Crew Resource Management.
5) Demonstrate compliance with Nebraska Medicine policy for surgical site identification.
6) Demonstrate compliance with Nebraska Medicine policy for patient identification.

Duties and Responsibilities:
16) Serve as the PGY-2 on the gynecologic oncology service.
17) Appropriate, professional supervision of student teaching in light of educational goals.
18) 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.
19) Participate in daily rounds on the oncology service: evaluate patients, outline plan of care, write pertinent orders, and educate medical students.
20) Participate with weekend rounds to assure appropriate continuity of care for patients.
21) 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.
22) Progress notes will be written by a Gyn Onc resident each morning and entered in One Chart prior to morning rounds.
23) 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.
24) 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 enter in One Chart the name and address of each physician to whom correspondence will be sent.
25) Contact the senior resident or attending oncologist with any questions or problems.
26) Participate in surgical procedures as assigned.
27) Prepare and present cases at weekly oncology conference as assigned.
28) Attend continuity clinic as assigned.
29) 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
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.
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 for the individual patient. Dr. Judith Scott is the director for this rotation.

Educational Activities:
1) Recommended Reading

2) Conferences
   a) Wednesday Educational Conferences.

Typical Weekly Assignment:
This resident will participate in the call pool for Methodist Women’s Hospital. This will typically be one-two weekends per month and 2 weeknights per week.

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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.

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) Entering operative reports accurately and in a timely fashion.
4) Entering discharge summaries accurately and in timely fashion.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:

- Knowledge regarding regulations regarding patient confidentiality in the HIPAA
- The ability to protect health-related patient information to comply with HIPAA
- 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:

- Medical students.
- Nursing and support staff.
- Supervising faculty.
- Consulting residents.
- Physician peers.
- Use of social media, email, and other communication platforms.

**Practice-Based Learning and Improvement**

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

**Objectives:** The resident will demonstrate:

- Receptiveness to faculty instruction and feedback.
- 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:

- Discuss studies regarding labor induction and cervical ripening.
- Evaluate literature associated with labor and delivery care.

**Systems-Based Practice**

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

**Objectives:** The resident will:

- Follow recommended protocols in labor and delivery for patient safety.
- Demonstrate compliance with Methodist Women’s Hospital policy for surgical site identification.
- 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:

- Refer patients appropriately to home health services.
- Refer patients appropriately for psychiatric services.
- 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 per month, 100 total deliveries for 3 month block.
4) Round on postoperative patients and perform med rec/discharge.
5) Cover HROB service when assigned in the absence of HROB resident.
6) Appropriate, professional supervision of student teaching in light of educational goals.
7) Attend assigned continuity clinics.
8) Perform initial evaluation of patients presenting to Labor and Delivery and present these patients to the attending physician.
9) Manage laboring patients and perform deliveries with supervision.
10) Attend Wednesday educational conferences.
11) Attend other conferences as listed.
12) 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Obstetrics at the second year level the following procedures should be evaluated with my TIP report evaluations: Vaginal delivery, Perineal laceration/Episiotomy repair, cesarean section, Postpartum tubal.
4) 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.

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.
   e) Weekly NOB chart reviews (prepared by HO2)

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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 delivery.
   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) Perform cesarean delivery for fetuses with breech presentation.

Goal: Provide intrapartum management for patients with twin pregnancies.

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

Goal: Provide intrapartum management for patients with diabetes 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 including consultation with DEM when appropriate.

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.

Goal: Be able to identify and evaluate fetuses at risk for aneuploidy/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 special consideration regarding 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 appropriate use of 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 Nebraska Medicine.

**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) Entering operative reports accurately and in a timely fashion.
4) Entering discharge summaries accurately and in a timely fashion.

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

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

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

**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.
3) Tubal ligation

**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 and magnesium in the premature fetus.
3) The scientific evidence regarding the use of tocolytic agents and antibiotic therapy in patients 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) 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 Medicine policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medicine policy for patient identification.
5) Participate in obstetrical simulations and drills.
6) Correctly perform “time outs” prior to procedures.

**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) Maintain patient handoff tool in One Chart.
6) Supervise and assist first year residents and medical students as assigned in Labor and Delivery.
7) Manage laboring patients and perform deliveries as assigned. Overseeing the unit activities when the senior resident on duty.
8) Schedule procedures for Labor and Delivery.
9) Evaluate Obstetrical consults from other services and maternal transports as needed.
10) Communicate directly and effectively with the attending physician on duty when the senior resident is absent or not immediately available.
11) Participate with chart review and patient visits in High-Risk Clinic as assigned, serving as the primary resident in this clinic as assigned.
12) Attend Wednesday educational conferences while on days.
13) Participate in the UNMC call schedule as assigned.

**Evaluation:**

1) Global evaluation will be performed by the Obstetrics physicians at the completion of the rotation.
2) Surgical skills evaluations should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Obstetrics at the second and third year level the following should be evaluated at least once by completion of the rotation: Operative management of repeat cesarean section, Surgical management of breech presentation, Operative vaginal delivery, Stat cesarean delivery, Repair of a third or fourth degree laceration.
4) 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 Endocrinology
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.

Educational Activities:
1) Recommended Reading
2) Conferences
   a) Wednesday Education Conferences
   b) REI Journal Club with presentation of two articles to staff at HCRM to be completed during each rotation

Typical call assignment:
This resident will be assigned in house call at Nebraska Medicine or Methodist Women’s Hospital 2 or 3 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 and assist with laparoscopic myomectomy including da Vinci assisted

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.

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.
6) Recurrent pregnancy loss
7) Uterine anomalies
8) Abnormal semen analysis

**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 Nebraska Medicine.

**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) Entering operative reports accurately and in a timely fashion.
4) Entering discharge summaries accurately and in a 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) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) List and be aware of sites on labor and delivery where loss of privacy for the patient may
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.
6) Use of social media, email, and other communication platforms.

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 Nebraska Medicine, Methodist Women’s Hospital, Lakeside Hospital, 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 policies for surgical site identification.
4) Demonstrate compliance with policies 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 weekend call at UNMC and Methodist Women’s Hospital as assigned.

Evaluation:
1) Global evaluation will be performed by the Reproductive Endocrine physicians at the completion of the rotation.
2) Surgical skills evaluations should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For REI evaluations of the following should be completed by the rotation:
   Diagnostic/operative laparoscopy, Hysterosalpingogram or sonohysterography, Myomectomy, Transvaginal ultrasound, Operative hysteroscopy.
4) 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 responsible for the individual patient. Dr. Paige Berryman is your rotation director.

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

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.

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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.

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) Entering operative reports accurately and in a timely fashion.
4) Entering discharge summaries accurately and in a timely fashion.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

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 the OR 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, operative laparoscopy, and operative hysteroscopy.
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) Participate in as many gyn surgical cases as possible.
7) Round daily on postoperative patients admitted to the hospital, and complete medical record/discharge summaries.
8) Participate in 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Gynecology at the third year level the following cases should be evaluated by the completion of the rotation: Abdominal hysterectomy, Vaginal hysterectomy, Laparoscopic hysterectomy, Operative/diagnostic laparoscopy, Hysteroscopy, Hysteroscopic sterilization, Endometrial ablation, Cystoscopy.
4) 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.

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 one weekend per month and 3 days per week.

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Competency Based Educational Goals and Objectives
Patient Care
Goal: The resident will enhance 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 at risk for preterm birth.
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 additional therapy based on gestational age.
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...
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) Entering operative reports accurately and in a timely fashion.
4) Entering discharge summaries accurately and in a timely fashion.

Professionalism

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

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 on management of preterm labor.
2) The ability to use medical information to support their educational experience/treatment planning.
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 On Demand procedure evaluations.
2) The ability to assist medical students on rotation during cesarean delivery with OR protocols (scrubbing, sterile field, etc.).

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 MFM 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, 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) Complete H&Ps, med reconciliation, and discharge summaries for inpatients.
9) Attend Ultrasound clinic at Methodist when time allows.
10) Attend Wednesday Educational Conferences.
11) Create and disseminate Methodist HROB resident call schedule.

Evaluation:
1) Global evaluation will be performed by the Methodist Maternal-Fetal Medicine physicians at the completion of the rotation.
2) Surgical skills evaluations should be completed by the resident and faculty using the MyTIP Report system. The resident should obtain evaluations for most procedures.
3) For Obstetrics at the third level at Methodist the following procedures should be evaluated by completion of the rotation: Complete operative management of cesarean section, Operative vaginal delivery, Multifetal deliveries, Cerclage, Dilation and evacuation of the uterus in the second trimester, Amniocentesis.
4) 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—Night Float

Service: University Obstetrics Night Float

Length of Rotation: 3 months

Supervision: HOIII → Attending Faculty

All management decisions will be discussed with the faculty on call. 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.

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.

Typical weekly assignment:

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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 demonstrate the ability to:
1) Perform a primary cesarean delivery with minimal attending physician assistance.
2) Perform repeat cesarean sections with minimal 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 and magnesium for fetal benefit.

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 PPROM.
3) Manage patients with preterm rupture of membranes regarding steroids and magnesium sulfate.

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) Appropriately 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 obstetric 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 that 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 Nebraska Medicine.
Objectives: The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out when handing patients to another team member.
2) Performing consults when asked.
3) Requesting consults from other services with appropriate information.
4) Entering operative reports accurately and in a timely fashion.
5) Entering discharge summaries accurately and in a 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) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

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 and magnesium 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 Medicine policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medicine 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) Maintain patient handoff tool in One Chart.
5) Assist and supervise the first year resident and medical students with postpartum rounds daily (M-F).
6) Manage laboring patients and perform deliveries as assigned.
7) Assist with evaluation and admission of complicated obstetric patients and maternal transports.
8) Attend other conferences as listed.
9) 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Obstetrics at the third level at Methodist the following procedures should be evaluated by completion of the rotation: Complete operative management of cesarean section, Operative vaginal delivery, Multifetal deliveries, Dilation and evacuation of the uterus in the second trimester, Stat cesarean delivery, Repair of a third/fourth degree laceration.
4) 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/Family Planning

Level: PGY-3

Service: UNMC Urogynecology

Length of Rotation: 2 month

Supervision: PGY-3 → Dr. Rooney

All management decisions will be discussed with Dr. Rooney.

Educational Activities:
1) Recommended Reading
   g) ACOG Gynecology Educational Bulletins
   h) ACOG Precis -- Gynecology
2) Conferences – none currently assigned for this rotation

Typical call assignment:
This resident will participate in the call pool for Nebraska Medicine. 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 urodynamic 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.

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.

**Goal:** Provide family planning services to women.

**Objectives:** The resident will demonstrate the ability to:
1) Formulate comprehensive management plans for patients with medical diseases
2) Manage complication of contraceptive methods and pregnancy termination
3) Determine the need for consultation, referral, or transfer of patients with complex complications
4) Demonstrate the ability to perform basic second trimester uterine evacuation (medical and surgical)

**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.

**Goal:** Evaluate and manage women with bleeding in the first trimester.

**Objectives:** The resident will demonstrate the ability to:
1) Counsel patients regarding natural history and treatment options
2) Utilize non-surgical and surgical methods to manage patients with ectopic pregnancy, abortion (spontaneous, induced), and other etiologies
3) Understand complications related to first trimester bleeding and its management
4) Manage patients with complications of first trimester bleeding or its management (e.g., hemorrhage, infection)
5) Effectively supervise and educate lower-level residents regarding first trimester bleeding
6) Collaborate and provide consultation to other members of the health care team regarding first trimester bleeding

**Interpersonal and Communication Skills**

**Goal:** The resident will communicate in a professional manner with the urogynecology staff and clinic staff.

**Objectives:** The resident will demonstrate the ability to communicate effectively by:
1) Providing appropriate check out to the attending physician.
2) Entering clinic notes in a timely fashion.
3) Communicating professionally with nurses and medical assistants.

**Professionalism**

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.
Goal: Demonstrate respect for patient privacy and autonomy.

Objectives: The resident will demonstrate:
1) Assess a patient’s capacity for medical decision making
2) Successfully navigate conflicts between patient preferences that are discordant with personal beliefs
3) Efficiently counsel patients to help align treatment decisions with individual preferences

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 Olson Center for Women’s Health.
Objectives: The resident will:
1) Comply with Crew Resource Management concepts as required by the hospital.
2) Follow recommended protocols in clinic for patient safety.
3) Demonstrate compliance with Nebraska Medicine policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medicine policy for patient identification.

Duties/Responsibilities:
1) Serve as resident physician on the UNMC Urogynecology service, and attend clinics as assigned.
2) Appropriate, professional supervision of student teaching in light of educational goals.
3) Communicate with UroGyn attending directly and gynecology chief resident for surgical assignments.
4) Communicate with Dr. Amoura directly regarding FP clinic assignments.
5) Participate in Family Planning teaching sessions.
6) Participate in the maintenance of the medical record.
7) 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 should be completed by the resident and faculty using the MyTIP Report system. The resident should obtain evaluations for most procedures.
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.
Methodist Gynecologic Oncology

Level: PGY-4

Service: Oncology
Length of Rotation: 1 month

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

All resident activity is directly supervised by the attending oncology physicians at Methodist. Drs. Peter Morris and David Crotzer are the primary supervisory physician for the UNMC resident.

Educational Activities:
7) 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.

8) Supplemental Textbooks

Typical call assignment:
This resident will be responsible for assuring that any inpatients on the gynecologic oncology service are rounded on during the weekdays and weekends, either personally or by assignment to another resident on the service. Home call will be provided to the Gyn Oncology service at Methodist 6 days/nights per week with one day off in 7.

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Competency Based Educational Goals and Objectives

Patient Care: 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.

**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.
3. Radical vulvectomy.

**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 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.
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) Enter 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) Enter discharge summaries accurately and in a timely fashion.
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 a HOII/HOIV on the Methodist Gyn Oncology service.
Objectives: The resident will:
1) Communicate directly with the other residents regarding their role in patient care.
2) Communicate directly with attending physician on duty.
3) Communicate effectively with nursing and OR staff.

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) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

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 Methodist Hospital policy for surgical site identification.
3) Demonstrate compliance with Nebraska Methodist Hospital policy for patient identification.

Duties and Responsibilities:
1) The Gyn Onc resident is expected to attend 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 to which they are assigned prior to morning clinic/OR cases.
3) 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.
4) Progress notes will be entered by the Gyn Onc resident each morning prior to morning rounds.
5) The Gyn Onc resident is responsible for all admissions, (medical, surgical and chemotherapy), discharges and consults.
6) Contact attending oncologist with any questions or problems.
7) Participate in daily rounds on the oncology service: evaluate patients, outline plan of care, and write pertinent orders.
8) Participate in surgical procedures as assigned.
9) Triage calls, if requested by the Gyn Onc staff.
10) Take home call as assigned 3-4 days/nights per week.

Evaluation:
1) Global evaluation will be performed by the Gynecologic Oncology physicians at the completion of the rotation.
2) Surgical skills evaluations should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Oncology the following procedures should be evaluated by completion of the rotation: Hysterectomy for malignancy, Exploratory laparotomy/debulking, Vulvectomy, simple, Laser ablation of vulvar lesions, robotic hysterectomy
4) 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.

Educational Activities:
1) Recommended Reading
   g) ACOG Gynecology Educational Bulletins
   h) ACOG Precis – Gynecology
   i) ACOG Primer on Primary Care.

2) Conferences
   a) Pre-op Gynecology Conference on Wednesdays.
   b) Wednesday educational conferences.
   c) Topic Based Educational Experience weekly to be scheduled with teaching faculty.
   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 Nebraska Medicine will be 2-3 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 hysteroscopy 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) Opening of retroperitoneal space and identify ureters.
10) Placement of transvaginal tape.
11) 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) Pelvic inflammatory disease/tubo-ovarian abscess
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) Enter in One Chart appropriate reports regarding intraoperative findings and performed surgical procedures.
2) Enter in One Chart discharge reports in a timely fashion.
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.
4) Communicate with Methodist Gynecology resident to ensure appropriate coverage of both services.

**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) Nonmalfeasance.

**Goal:** Maintain patient confidentiality

**Objectives:** The resident will demonstrate:
1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

**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 MEDICINE hospital policy.
3) The ability to appropriately and safely position patients for operative procedures.
4) Demonstrate compliance with Nebraska Medicine policy for surgical site identification.
5) Demonstrate compliance with Nebraska Medicine 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) Schedule and attend education sessions with attending physicians, including topic based educational session weekly and student presentations.
5) Maintain the gynecology b-hCG quant list and communicate effectively with assigned faculty supervisor.
6) Maintain patient handoff tool in One Chart.
7) Supervise rounds on all hospitalized patients. Coordinate weekend rounds with other members of the gynecology team.
8) Perform and supervise evaluation of admissions to the gynecology service.
9) 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.
10) Assign/coordinate surgical case responsibilities and assure resident participation on all cases.
11) Evaluate each admitted gynecology patient and write admission note.
12) Receive and triage all consult calls from the ED and in-patient wards with faculty supervision.
13) Attend Wednesday Educational Conferences.
14) Prepare and present weekly cases at Case Conference.
15) 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 should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3) For Gynecology at the Chief level the following should be evaluated by completion of the rotation: Abdominal hysterectomy, Vaginal hysterectomy, Laparoscopic hysterectomy, Exploration of the abdomen, Operative laparoscopy.
4) 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.

Educational Activities:

9) 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.

10) Supplemental Textbooks

11) Conferences
    a) Gyn Onc Tumor Conference, Tuesdays at 0700.
    b) Wednesday Educational Conferences
    c) Thursday afternoon- 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 Nebraska Medicine will be 2 or 3 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:

4) Cervical dysplasia.
1) Vaginal dysplasia.
2) 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.

**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 first assist with:

1. Radical hysterectomy and pelvic lymphadenectomy.
3. Radical vulvectomy.

**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 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.
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) Enter 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) Enter 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 Gyn Oncology service at UNMC.

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 patient with gynecologic cancer:

1) Patient autonomy.
2) Beneficence.
3) Justice.
4) Nonmalfeasance.

Goal: Maintain patient confidentiality

Objectives: The resident will demonstrate:

1) Knowledge regarding regulations regarding patient confidentiality in the HIPAA.
2) The ability to protect health-related patient information to comply with HIPAA.
3) 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.
6) Use of social media, email, and other communication platforms.

**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 Medicine policy for surgical site identification.
3) Demonstrate compliance with Nebraska Medicine policy for patient identification.

**Duties and Responsibilities:**

1) The Gyn Onc resident is expected to attend at least 2 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.
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) Maintain patient handoff tool in One Chart.
16) 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 should be completed by the resident and faculty using the MyTIP Report system. The resident should obtain evaluations for most procedures.
3) For Oncology at the fourth year level the following should be evaluated by completion of the rotation: Hysterectomy for malignancy, Exploratory laparotomy/debulking, Vulvectomy, simple, Laser ablation of vulvar lesions, robotic hysterectomy

4) 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.

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 Nebraska Medicine 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, provide consent for ECV
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.
6) Counsel patients about risks of PTL in future pregnancies.

**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 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) Knowledge regarding regulations regarding patient confidentiality in the HIPAA
2) The ability to protect health-related patient information to comply with HIPAA
3) 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.
6) Use of social media, email, and other communication platforms.

**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.
3) Participate in simulations and drills for common obstetrical emergencies.

**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 Medicine policy for surgical site identification.
4) Demonstrate compliance with Nebraska Medicine policy for patient identification.
5) Participate in simulations and drills for common obstetrical emergencies.
**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.
4. Refer patients for nutrition/dietary counseling and physical therapy.

**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. Maintain patient handoff tool in One Chart.
5. 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.
6. Oversees the Labor and Delivery unit. Keeping a working knowledge of all patients on the Ob service.
7. Organize the scheduling of procedures in Labor and Delivery and assure that there is appropriate resident participation and faculty notification of procedures.
8. Evaluate Obstetrical consults from other services and maternal transports as needed.
9. 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.
10. Communicate directly and effectively with the attending physician on duty.
11. Review the High Risk Clinic charts weekly with the faculty assigned to clinic and serve as the resident physician in this clinic.
12. Prepare for and present the weekly case list at Case Conference.
13. Attend Wednesday morning conferences.
14. Take night call as assigned.

**Evaluation:**

1. The MFM and Generalist Obstetrics physicians at the completion of the rotation will perform global evaluation.
2. Surgical skills evaluations should be completed by the resident and faculty using the My TIP Report system. The resident should obtain evaluations for most procedures.
3. For Obstetrics at the Chief level the following will be required at the completion of the rotation: Complete surgical management of a repeat section, Operative vaginal delivery, Cerclage, Repair of a 3rd or 4th degree laceration, Documentation of complete anatomic survey of the fetus.
4. 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.
Scholarly Activity: Resident Research

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

Supervision: Resident  Faculty Advisor
Jean Amoura MD, MS  Jennifer Griffin, MD
Director of Research  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 continuing education journal club and Life Long Learning© Modules.

Competency Based Educational Goals and Objectives

Medical Knowledge
Goals: Develop an improved understanding of clinical research, including hypothesis development, study design, and data analysis.
Objectives: The resident will
1) Attend lectures focused on study design and statistical analysis.
2) Participate in Journal Club sessions focused on study design and data analysis.
3) Perform statistical evaluation of data obtained for their research project with assistance.

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 develop a research poster for presentation.
4) 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.
Evaluation:
1) Evaluation will be based on participation in monthly journal club by Journal Club evaluation.
2) Evaluation of knowledge based on the in-service training examination administered annually.
3) Participation in resident research projects and evaluation at Resident Research Day.

Research Responsibilities:
1) Specific responsibilities by year of training and timeline are as follows:

<table>
<thead>
<tr>
<th></th>
<th>HOI</th>
<th>HOII</th>
<th>HOIII</th>
<th>HOIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>July-September</td>
<td>Select topic</td>
<td>Complete IRB process</td>
<td>Complete data collection</td>
<td>Write manuscript</td>
</tr>
<tr>
<td>October-December</td>
<td>Perform comprehensive literature review</td>
<td>Initiate project</td>
<td>Complete statistical analysis of data</td>
<td>Submit manuscript for review</td>
</tr>
<tr>
<td>January-March</td>
<td>Design research protocol</td>
<td>Continuation of project</td>
<td>Preparation of poster and abstract</td>
<td>Submit manuscript for publication</td>
</tr>
<tr>
<td>April-June</td>
<td>Submit abstract and present background, hypothesis, and design</td>
<td>Submit abstract and present design and preliminary data</td>
<td>Submit abstract, prepare poster, present completed project</td>
<td>Serve as discussant</td>
</tr>
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</table>

2) Additional requirements are as follows:
   a) Attend and participate in scheduled Research Roundtables.
   b) Meet at least monthly with project advisor to discuss progress.
   c) Meet twice yearly with Dr. Amoura to discuss progress and get assistance as needed.

3) Specific presentation expectations are as follows:
   a) Residents will prepare and submit an abstract in the format required by the American Journal of Obstetrics and Gynecology annually.
   b) HOI, HOII, and HOIII residents will prepare an oral presentation approximately 10 to 12 minutes in length with 3 to 5 minutes for questions by the audience (total 15 minutes).
   c) HOIII residents will prepare a poster presentation to be presented in addition to the oral presentation.
   d) HOIV residents will prepare and submit a manuscript in the format required by the American Journal of Obstetrics and Gynecology by October 31 of the HOIV year.

Protected Research Time
- The resident does not need to work on campus, but does need to be in town and available for morning rounds on his/her assigned service.
- HOI:
  o 2 days should be scheduled for literature review in October/November
  o 1 day may be scheduled for study design in January-February
- HOII:
  o Up to 4 days may be taken during REI or Methodist OB to work on project
- HOIII:
  o Up to 4 days may be taken for project completion
- HOIV
  o 2 additional ½ days for manuscript completion may be requested with notice (see rules below)

Requesting time
The same rules that currently apply to resident vacation will apply to requests for research time. In addition, Drs. Griffin and Amoura should be notified of research time being utilized. Also, Wednesday afternoons cannot be used for protected research time. Research time may not be used for additional vacation or education days if not utilized.

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.

**Important Deadlines for Research Project:**
Turn in all items to Dr. Jean Amoura and Sarah Matya

<table>
<thead>
<tr>
<th>Date</th>
<th>Item due to Dr. Amoura</th>
<th>Applies to:</th>
</tr>
</thead>
<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</td>
<td>PGY-1</td>
</tr>
<tr>
<td>January 1</td>
<td>Literature review completed</td>
<td>PGY-1</td>
</tr>
<tr>
<td>February 1</td>
<td>*Draft slide presentation completed</td>
<td>PGY-1</td>
</tr>
<tr>
<td>April 1</td>
<td>*Abstract submitted</td>
<td>PGY-1</td>
</tr>
<tr>
<td>May 1</td>
<td>*Slide presentation submitted</td>
<td>PGY-1</td>
</tr>
<tr>
<td>October 1</td>
<td>Submission of IRB</td>
<td>PGY-2</td>
</tr>
<tr>
<td>April 1</td>
<td>*Abstract submitted</td>
<td>PGY-2</td>
</tr>
<tr>
<td>May 1</td>
<td>*Slide presentation submitted</td>
<td>PGY-2</td>
</tr>
<tr>
<td>April 1</td>
<td>*Abstract submitted of completed project</td>
<td>PGY-3</td>
</tr>
<tr>
<td>April 15</td>
<td>*Poster submitted</td>
<td>PGY-3</td>
</tr>
<tr>
<td>May 1</td>
<td>*Slide presentation submitted</td>
<td>PGY-3</td>
</tr>
<tr>
<td>October 31</td>
<td>Final manuscript due</td>
<td>PGY-4</td>
</tr>
</tbody>
</table>

**Failure to meet deadlines may result in the resident being relieved of clinical duty to complete the requirement, possible academic review or probation.** Critical deadlines noted with an *; if not met, vacation time may be charged to free resident from clinical assignments.
Scholarly Activity: Grand Rounds/Quality Improvement

Another important component of scholarly activity during the residency training program is scholarly presentations. Physicians are expected to be able to develop presentations based on reliable scientific evidence and to present/communicate the information to a variety of audiences. Residents have multiple opportunities to present to departmental audiences including presentations at the Diagnostics in Ob/Gyn conference, Resident Research Day, and Grand Rounds. Other opportunities to present at the local, regional, and national level may be available.

Grand Rounds
Each resident HOII-HOIV is expected to provide a complete 50 minute Grand Rounds presentation, allowing 10 minutes for questions. (In the HOIII year, this will be based on a quality improvement project. See details below.) Residents should identify and utilize a faculty advisor for developing their Grand Rounds. The faculty advisor should be present at the time of the presentation to allow for faculty and resident interaction. The resident responsible for a Grand Rounds session will need to submit a title and objectives approximately one month in advance to Dr. Smith’s secretary.

Quality Improvement
HOIII residents will be expected to complete and present a Quality Improvement project for Grand Rounds. This project requires that the resident, with the support of hospital personnel, measure quality of current care, compare to published standards/targets, and present suggestions for improvement if needed based on current scientific evidence and peer reviewed clinical guidelines. Because of the short time span of the project, quality measurement after implementation of changes is not required for this project, but topics may be retained for future classes to perform follow up assessments.

Topics should be identified in one of the following categories:

Outcomes:
- These projects would measure a specific clinical outcome in our department or wider clinical environment (e.g. post operative infection) and compare to a national standard.

Processes:
- These projects would measure compliance with a recommended process (e.g. performance of site mark or DVT prophylaxis) and compare to national standard/target. Process measures are only considered valid if they have been demonstrated to improve outcomes, so any process chosen for measurement should be based on a published guideline.

**The resident should select an advisor for the project, who should provide guidance in the selection of the topic and in development of the presentation. Drs. Berg and Dr. Remmenga are members of hospital quality committees, and they may be able to suggest topics based on the work of those committees. Residents should attend at least one hospital quality committee meeting to gain a better understanding of quality improvement activities in our hospital. Peggy Brown DNP, RN, APRN-CNS-BC, the Clinical Quality Coordinator for Women’s and Children’s Services at NEBRASKA MEDICINE, is an excellent resource to help with measurement of data. She can be contacted at pbrown@nebraskamed.com or 559-0634.

QI Presentation
The QI Presentation at Grand Rounds should include the following elements:
- Background: Why is this an important topic in healthcare quality? What scientific information forms the basis for current standards?
- Data: Presentation of our current data with regard to the topic.
- Current Standards: The resident should present current standards of care/performance targets relevant to the topic. Sources for standards include ACOG, AHRQ National Quality Measures Clearinghouse (http://www.qualitymeasures.ahrq.gov/), and the National Quality Forum (http://www.qualityforum.org)
- Suggestions for improvement: Ideas to improve quality relevant to topic.
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.

SAFER: American Academy of Sleep Medicine Sleep Education Series
Goal: House Officers will learn strategies to manage and reduce fatigue.
Objectives: House Officers will be familiar with:
   a. Challenges to good sleep hygiene and causes of fatigue
   b. Strategies to decrease fatigue to promote safety for physicians and patients.

Course 336 - Practice-based Learning and Improvement
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
   f. Delivering bad news
   g. Communicating about patients
   h. Oral & written communications
   i. Team communications
   j. Communicating about Medicine and Science
   k. House Officers will learn about the above objectives by successfully completing online Blackboard Course 337, “Interpersonal and Communication Skills”, 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
knowledge of the material by correctly answering all post-test questions correctly.

**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 healthcare 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 be 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 medical/legal issues outlined below.

1) Anatomy of a Medical Malpractice Lawsuit
2) When a Claim is Asserted Against You
3) Managed Care and Physician Responsibility
4) Informed Consent
5) Advance Directives
6) EMTALA
7) How to Give a Good Deposition
8) Physician Responsibility to the Disabled
9) Adolescent Consent for Care
10) Fundamental Rules of Charting
11) Peer review
12) Letter Writing/Written Communications/Workman's Comp
13) Medical Malpractice: An Overview
14) Confidentiality
15) Licensure/DEA Certificate/Moonlighting/Malpractice
16) Patient Abandonment
17) Statute of Limitations
18) Physician Responsibility: Child Abuse and Neglect
19) National Practitioner Data Bank
20) Emancipation and a Minor's Consent to Medical Treatment
21) Physician Responsibility: Elder Abuse
22) Good Samaritan Law
23) House Officers will accomplish the above listed objectives by completing online Blackboard Course 338a, “Medical/Legal Issues”, during their first year of training at 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:
   a. Payor Sources
   b. Medicare
   c. Private, Commercial Insurance
   d. Medicaid
   e. Health Care Organizations and Systems, including
   f. Managed Care Organizations
   g. Preferred Provider Organizations
   h. Health Maintenance Organizations
   i. Point of Service Organizations
   j. Signing of Contracts: What is legal and what is not
   k. Employment Agreements
   l. Hospital Finance
   m. Balanced Budget Act
   n. 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 339c - 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:
   a. Definitions and terminology
   b. How to determine level of care
   c. Evaluation & Management (E & M) services
   d. How to determine the proper level for:
   e. History
   f. 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 2017-2018

<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</td>
<td>1:00</td>
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<td>7:00</td>
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<tr>
<td></td>
<td>Cancer Conf</td>
<td>Grand Rounds</td>
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<td>Diagnostics in Obstetrics and Gynecology</td>
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<td></td>
<td>Howard Hunt</td>
<td>MSC 2018</td>
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<td>OC Classroom</td>
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<td></td>
<td>12:00 noon</td>
<td>2:00</td>
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<tr>
<td></td>
<td>High Risk Planning</td>
<td>Case Conf</td>
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<td></td>
<td>Luikart Library</td>
<td>MSC 2018</td>
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<tr>
<td></td>
<td>TBA</td>
<td>3:00-5:00</td>
<td></td>
<td>TBA Gyn Student Presentations</td>
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<tr>
<td></td>
<td>Gyn Preop Conference</td>
<td>Resident Education</td>
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<td>Luikart Library</td>
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<td>TBA</td>
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<td></td>
<td>NOB Chart Reviews</td>
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<td></td>
<td></td>
<td>Gyn Student Presentations</td>
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### Wednesday Education Schedule 2017-2018

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<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00</td>
<td>Lecture</td>
<td>Lecture</td>
<td>M&amp;M</td>
<td>Program Director Meeting</td>
<td>Resident Directed Time</td>
</tr>
<tr>
<td>4:00</td>
<td>Journal Club</td>
<td>Lecture</td>
<td>M&amp;M</td>
<td>Lecture</td>
<td>Resident Directed Time</td>
</tr>
</tbody>
</table>

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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.

- Tuesday Pre-Op Conference – scheduled with Ob/Gyn Rounder. Cases scheduled for the upcoming week will be discussed focusing on preoperative planning and decisions regarding appropriate surgical management.
- Topic-Based Educational Experience – Once per week, scheduled by Chief in communication with faculty member. This conference will be based on a case from the TOBEE binder. It will be resident level discussion regarding patient care issues.
- Friday at 0700 - Diagnostics Conference – see discussion below.
- Thursday 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.
- Thursday Conference – Thursday afternoons 2:00 pm are dedicated to education on this service. Discussions regarding chemotherapy, preoperative planning, and review of key chapters will be undertaken at these times.

**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.
- Thursdays will focus on review of fetal heart tracings.
- NOB Chart Reviews from resident clinic on Tuesdays, TBA with OB rounder for that day.
- Friday at 0700 - Diagnostics Conference – see discussion below.

**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,
Pathology, Ob/Gyn residents, Oncology nurse, Oncology fellow, Medical students

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
1:00 p.m., Wednesday
MSC 2018
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 HOII-HOIV 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
2:00 p.m., Wednesday
MSC 2018
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 patient’s 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 and Students on Obstetrics and Gynecology rotations at Nebraska Medicine 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 anomalies.
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
3:00 to 5 p.m., Wednesdays
UT4234
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**
4:30 p.m. - **1st Wednesday of month TBA**
Off-site location will be communicated
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 manager. Articles will be turned into the program manager’s 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**

3:00 p.m., 3rd Wednesday monthly
MSC 2018
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 or chief resident not involved with the reviewed patient’s care will present each case for review and discussion. Residents will use QI tools to review cases (fishbone diagram, Vanderbilt matrix).

**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.
GUIDELINES FOR NON-PARTICIPATION IN WEDNESDAY AFTERNOON EDUCATION

All residents are expected to attend Wednesday afternoon educational conferences. These conferences include: Grand Rounds (weekly), Case Conference (weekly), Journal Club (monthly), Morbidity and Mortality (monthly), and the Resident lecture series. Interruptions during these conferences are minimized by utilizing faculty physicians and the nurse midwife providers at NEBRASKA MEDICINE to cover Labor and Delivery and having no resident coverage at Methodist during Wednesday education. Required participation allows residents to take full advantage of the didactic lectures and other learning provided by the department.

It is recognized that there will be instances that procedures, scheduled or unscheduled, may occur during these hours. Some procedures occur with enough frequency that having a few uncovered by the residents during protected educational time is a reasonable compromise to maximize participation at educational events on Wednesday. The procedures that will be considered exempt from this requirement are procedures that are done infrequently/rarely or cases that are of substantial benefit for the surgical education of the resident. The excused resident will be the resident assigned to that service rotation.

1. Hysterectomy – resident will be the primary surgeon. Anticipated use: Methodist gynecology, Methodist Gyn Oncology, Nebraska Medicine case combined with another service that cannot be scheduled at another time.

2. Cesarean hysterectomy – resident will be the primary surgeon. Urgent/emergent case at Nebraska Medicine or Methodist, case scheduled on Wednesday due to need for coordination with other services that could not be scheduled at another time.

3. Unusual or infrequent procedure - resident is the primary surgeon or assistant.

For a resident to be excused from Wednesday education the following is required:

1. Faculty physicians will continue to notify the program director of scheduled procedures at Nebraska Medicine during Wednesday afternoon education, and will seek approval for resident participation if it meets criteria.

2. After preparing the weekly Methodist surgical list, any cases that a resident should attend on Wednesday will be noted on the schedule. The schedule will be submitted to the program director and program manager.

3. For other cases that meet criteria above, the resident will notify the program director and program manager at the earliest convenience to be excused.

4. The program manager will mark the resident as excused for the day in New Innovations.
**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_oeoverview.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@nebraskamed.com. 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 manager’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** – Not required at this time but funding is available for those who wish to maintain certification.

**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/ccc 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
ACOG District VI, VII, XI Meeting
September 15-17, 2017
Hyatt Regency Hill Country
San Antonio, Texas

Central Association of Ob/Gyns Annual Meeting
October 18-21, 2017
The Scottsdale Plaza Resort
Scottsdale, Arizona

Winter
CREOG In-Training Exam
January 18 & 19, 2018

Spring
Resident Research Day
June 1, 2018

ACOG Annual Clinical Meeting
April 27-30, 2018
Austin, Texas

ABOG Written Board Examination
Last Monday of June (June 25, 2018)
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 manager’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>
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<tbody>
<tr>
<td>Patient Care</td>
<td>ACGME Op Log</td>
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<td></td>
<td>Chart Reviews</td>
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<td></td>
<td>Global faculty evaluation</td>
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<tr>
<td>Surgical Skills</td>
<td>Surgical Skills Evaluation</td>
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<td></td>
<td>Portfolio/ACGME Op Log</td>
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<td></td>
<td>Global faculty evaluation</td>
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<td>Medical Knowledge</td>
<td>CREOG</td>
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<td></td>
<td>Life Long Learning Series</td>
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<td>Global faculty evaluation</td>
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<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>Global faculty evaluation</td>
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<td>Professionalism</td>
<td>Professionalism evaluation</td>
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<td></td>
<td>Web based module</td>
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<td></td>
<td>Global faculty evaluation</td>
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<tr>
<td>Practice Based Learning</td>
<td>Self Evaluation</td>
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<td></td>
<td>Web based module</td>
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<td></td>
<td>Life Long Learning Series</td>
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<td>M&amp;M</td>
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<tr>
<td>Systems Based Practice</td>
<td>Crew Resource Management</td>
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<td></td>
<td>Web based module</td>
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<td></td>
<td>Global faculty evaluation</td>
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   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 compiled 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 manager 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 Foxfire 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. 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 in the third or fourth years 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 the program manager. 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.

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 physician’s 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 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.
   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.

iv. This information may be reportable to state medical boards or other entities requiring residency verification.

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.

v. This information may be reportable to state medical boards or other entities requiring residency verification.

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 action.
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 conjunction 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 of sick leave 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 ACGME Residency Review Committee for Obstetrics and Gynecology.
         3. Residents needing routine medical/dental care requiring less than 2 hours away from work may make arrangements for coverage directly with their team. Residents requiring 2 or more hours away should notify the program manager and utilize available sick leave, in addition to arranging coverage with their
team.

4. Funeral, Military, and Civil Leave are governed by current UNMC employee policy.

IX. Moonlighting

a. Moonlighting is only permitted if Nebraska Medicine 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 Medicine. 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 Medicine 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 brief operative note entered in One Chart in the OR and the operative report dictated/entered immediately after the surgery and signed by attending 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 entered in One Chart within 24 hours of discharge
and signed by attending within 7 days.

v. Consultations documented 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. Nebraska Medicine utilizes One Chart 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 carefully review all notes entered in One Chart to ensure they are correct. Use of Smart Phrases and Copy/Paste functions should never compromise accuracy of the medical record.

iii. Operative reports are to be entered immediately following the procedure.

iv. Resident In Baskets in One Chart should be reviewed daily and emptied as appropriate when the resident is at work. Result Notes should be used to document a response to the labs and to facilitate communication with patients, nursing, and staff physicians regarding lab results.

v. Residents will empty their In Basket prior to vacations or scheduled absences. The resident will assign their inbox to a fellow resident during these absences.

vi. Daily progress notes will be entered after evaluation of all hospitalized patients. Notes entered by medical students are not acceptable documentation but must be reviewed for accuracy.

vii. 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 In Baskets 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. If the failure of a resident to complete a chart results in a attending physician losing privileges, the resident will be placed on probation.
Scheduling Guidelines for Leave

Call:
1. All requested days of no call should be to the program manager eight 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. For 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. Leave requests for each quarter are to be submitted to the Program Manager by the first day of the proceeding quarter. Coverage plans must be outlined. The request must be approved by the Program Director prior to booking any travel.
3. One week (5 days) is available for meeting time for all residents who have completed their GME requirements for promotion and retention.
4. Two 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 leaves (including education/meetings) may be granted at the discretion of the Program Director, based on coverage to the patient care services.
5. 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.
6. 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.
7. Residents in the third and fourth year may split one week into single days for the purpose of interviewing for practices or fellowships, with two weeks notice. In certain situations a three day vacation may be taken around a weekend (Friday, then Monday and Tuesday).
8. Graduating chief residents may use up to 5 vacation days after their ABOG exam, depending on the year and date of the exam, or during the last two weeks in June prior to the exam.
9. 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).
10. 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.
11. Two first year residents cannot be gone at the same time. This includes off service residents on Obstetrics.
12. There is no vacation allowed during assigned night float weeks, including intern nights.
13. Vacation may not be granted on one month rotations that are at the discretion of other departments.
14. No vacations will be granted in the last two weeks of June.
15. In July, only second and third year residents may request vacations, subject to appropriate coverage arrangements.
16. In July, no fourth year residents or first year residents will be granted vacation time.
17. Vacation request forms (located in the resident room) must be completed with a coverage plan. For all requests, a written plan for coverage will be submitted.
18. 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.
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 Nebraska Medicine or Methodist Women’s Hospital while the Inpatient Gynecology and Outpatient Clinics blocks will be assigned to Nebraska Medicine.

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. 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 Nebraska Medicine.

2. None of the entities (UNMC, UNMC Physicians, or our hospital affiliates, Nebraska Medicine 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 postpartum 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 our institution or even criminal charges against individuals.
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.

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. Please see the Department Policy section for detailed information regarding the Bylaws of Nebraska Medicine 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 that 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

2015-2016

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<tr>
<th>Benefit</th>
<th>Availability</th>
<th>Details/Maximum Amount</th>
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<tbody>
<tr>
<td>PGY-1 Salary</td>
<td>Yes</td>
<td>$57,534</td>
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<tr>
<td>PGY-2 Salary</td>
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<td>PGY-3 Salary</td>
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<td>PGY-4 Salary</td>
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<td>Life Insurance</td>
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<td>Malpractice Insurance</td>
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<td>Meals</td>
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<td>On Call</td>
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<tr>
<td>Laundry (White Coats)</td>
<td>Yes</td>
<td>4 coats are supplied at the beginning of residency</td>
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<tr>
<td>Resident counseling/psychotherapy</td>
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<td></td>
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<td>Free Parking</td>
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<tr>
<td>Textbooks/Educational Allowance</td>
<td>Yes</td>
<td>$300 allowance to be expended on any combination of textbooks, photocopying/audiovisual</td>
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<td>ACOG Jr. Fellow Dues</td>
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<td>Annual Resident’s Day Dinner</td>
<td>Yes</td>
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<td>Photocopying/Audiovisual</td>
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<td>Computer Literature Search</td>
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<td>Inter-Library Loan</td>
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</tr>
<tr>
<td>Expenses - Meetings/Courses</td>
<td>Based on budget and resident role</td>
<td></td>
</tr>
<tr>
<td>Years Provided - ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity/Paternity Leave</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Formal House Staff Organization</td>
<td>Yes</td>
<td>House Officers Association Department Education Committee</td>
</tr>
<tr>
<td>DEA</td>
<td>Yes</td>
<td>Free as long as it is used for the training program</td>
</tr>
<tr>
<td>Benefit</td>
<td>Availability</td>
<td>Details/Maximum Amount</td>
</tr>
<tr>
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</tr>
<tr>
<td>BLS/ACLS</td>
<td>Yes</td>
<td>will be paid by the department as needed</td>
</tr>
<tr>
<td>NRP</td>
<td>Yes</td>
<td>Required by department, paid for as needed to maintain certification (usually first and third year)</td>
</tr>
</tbody>
</table>
# ABBREVIATIONS AND ACRONYMS

| AAFP | American Academy of Family Physicians |
| AAMC | Association of American Medical Colleges |
| AAP  | American Academy of Pediatrics |
| ABOG | American Board of Obstetrics and Gynecology |
| ACCME | 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 |
| 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 Ob/Gyn |
| CMSS | Council of Medical Specialty Societies |
| CREOG | Council on Resident Education in Obstetrics and Gynecology |
| DIST VI | ACOG has 10 districts. Nebraska, North and South Dakota, Minnesota, Iowa, Wisconsin, Illinois, Manitoba and Saskatchewan are in District VI. Each Section (e.g. state) also has its own activities. |
| FACOG | Fellow of The American College of Obstetricians and Gynecologists |
| FIGO | Federation of International Gynecology and Obstetrics |
| 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 ACOG Junior Fellows during their first year of residency.) |
| LCOG | Liaison Committee for Obstetrics and Gynecology |
| LCGME | Liaison Committee for Medical Education |
| MOMS | Metro Omaha Medical Society |
| NBME | National Board of Medical Examiners |
| NMA | Nebraska Medical Association |
| NOGS | Nebraska OB/GYN Society |
| NRMP | National Resident Matching Program |
| OMS | Omaha Medical Society |
| OMWCS | Omaha Mid-West Clinical Society |
| OOOGS | Omaha OB/GYN Society |
| RRC | Residency Review Committee |
| SGI | Society for Gynecologic Investigation |
| SGO | The Society of Gynecologic Oncologists |
| SMFM | Society for Maternal-Fetal Medicine |