



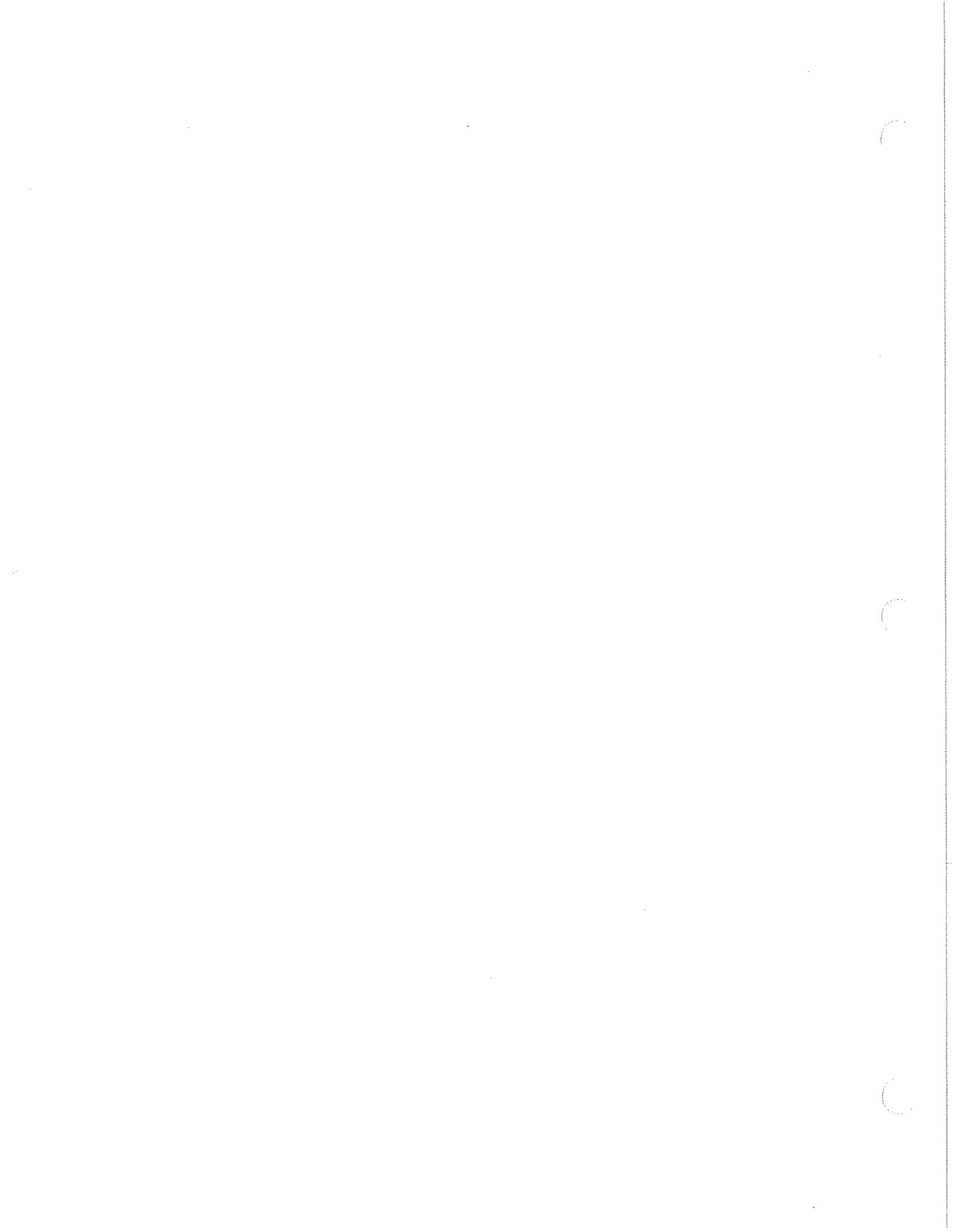
The Reading Hospital  
and Medical Center

## PART IV

# Department of Obstetrics and Gynecology

Interns and Residents

2008 – 2009



# DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

## Resident Logistics

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## **OB Service**

The labor floor team consists of a Chief Resident, an upper-year resident (PGY2 or 3), and an intern. In addition, a family practice intern and several medical students may rotate through the service.

## **AM Rounds**

- All postpartum patients must be seen and examined each morning. This is done as a team effort. Postpartum patients may be located on floors R1 or R2E.
- Notes written by medical students need to be co-signed by a resident.
- The Night team is responsible for postpartum patients still on L&D, but please assist the team as needed.
- All postpartum notes are to be completed by 0645 hours; board sign-out occurs at 0645 hours sharp.
- Morning conference begins promptly at 0710 hours after board sign-out.
- The Night Float is responsible for calls from the labor floor until 0800 hours.
- Cesarean sections that start after 0700 hours may go to the day team.

## **Labor Floor Routine**

- Scheduled inductions will need to be admitted in a timely fashion following conference.
- Confirm vertex presentation on all inductions by digital exam or by ultrasound.
- **All** deliveries should be attended by a resident during the day.
- Cesarean Section Deliveries:
  - Intern: primary, vertex presentation
  - Upper year: repeat, breech, emergent, or multiple gestation
- In general, labor progress should be evaluated and documented approximately every two to three hours. Mg notes must be completed every two hours without exception. Residents need to document own cervical exams.
  - If any abnormalities or concerns arise, or during the second stage of labor, notes should be written more frequently as indicated.
- Keep the upper-year resident updated with changes in patient status or care plans. The upper-year resident manages the labor floor and needs to know everything that is happening on the floor. Both the intern and the upper year answer to the attending staff.

- There must be a resident present on the labor floor at all times.  
The upper-year resident and charge nurse should know the intern's whereabouts at all times. There should be no exceptions to this during weekdays. During evening hours or weekends, such absences should be brief and uncommon.
- Antepartum transfers off the labor floor:
  - Ultrasound evaluation must be completed: EFW, AFI, fetal presentation, etc.
  - Write a transfer note outlining the patient's admission and L&D course thus far.
  - Notify the MFM resident of the transfer (page if during the day; inform the next day if overnight).
  - Add the patient to the antepartum sign-out list.
- Transfers and consults to the WHC service can be accepted only by the Chief Resident.
- Postpartum readmissions up to six weeks following delivery are the responsibility of the OB team.
- OB Conference/Board Review:
  - Occurs Monday and Wednesdays at 1600 and Fridays at 0800.
  - The intern will be responsible for knowing the prenatal history, medical complications, physical exam findings, and labor management of each patient on the labor floor, and will be prepared to present each patient to Dr. Neubert and/or Chief Residents.

The following chain of command should be followed if there are any questions regarding routine patient care:

**WHC : Intern → Upper Year → Chief → DOD → Dept Chair or Designee**

**Private: Intern → Private Attending → upper year or chief if attending not available → DOD → Dept Chair or Designee**

## **OB Call**

### **Interns**

- Night Float: two blocks during intern year
  - ◆ Sunday through Thursday 1900-0800 hours
  - ◆ Friday continuity clinic (until 1200 hours)
- Weekends: **Either...**
  - ◆ Friday 1700-0700 hours plus Sunday 0700-1900 hours ...**or...**
  - ◆ Saturday 0700-0700 hours
  - AM Postpartum rounds are completed by both the intern coming off-call and the intern coming on-call. Rounds may begin as early as 0500 hours.
  - The intern coming off-call is not to leave until postpartum rounds are completed and the board has been signed out to the intern coming on-call.

## **PGY2 and 3**

- Night float: three blocks 2nd year and one block 3rd year
  - ◆ Sunday through Thursday 1900-0800 hours
  - ◆ Friday continuity clinic
  - ◆ Works with the intern on the labor floor. May leave L&D for postop checks, or to evaluate patients in the ED, OR
  
- Weekends: Either...
  - ◆ Friday 1700-0700 hours plus Sunday 0700-1900 hours ... **or**...
  - ◆ Saturday 0700-0700 hours
    - Your pager must be kept **ON** all through the weekend if you are on call. There may be an emergency and you may be needed.
    - Rounds are completed by both the resident coming off-call and the resident coming on-call for all OB/GYN patients in house: GYN, ONCO and Antepartum.
    - Patients in observation will be rounded on by their private physician or the chief resident.
    - Must carry the GYN pager at all times.
    - The upper-year resident coming off-call Saturday morning has first choice of OR cases that day (if he/she chooses to stay).

## **Chiefs**

- Chief call is to be arranged individually among the Chief Residents.

## **GYN Service**

The GYN team consists of the GYN Chief, PGY3 resident, PGY2 resident, and an intern. In addition, a UROGYN Chief and/or an ONCO resident may also be available.

### **Responsibilities of the Team:**

- **Postoperative coverage:**

All GYN patients will be followed by the resident who scrubbed for the case until they are discharged to home.

- **Rounds should be completed by 0700 Morning conference.**

- **Patient coverage:**

All GYN patients must have resident coverage. Patients who do not have resident coverage (no residents available to scrub for case, overnight non-operative admissions) need to be brought to the attention of the GYN Chief and added to the

GYN Sign-Out List. The Chief will then assign the patient to a member of the team to follow.

- **Inpatient management:**

Clear more significant management decisions with the attending staff. This varies per attending, but generally it is a good idea to check with the attending before initiating any of the following:

- Adding new meds
- Removing packing, sutures, or staples
- Pulling lines or drains
- Ordering imaging studies
- Placing consults to other services

- **"Beta Book":**

- This is a list of abnormal, first trimester pregnancies which may include ectopics, early intrauterine pregnancies (those not yet visible by ultrasound), miscarriages, and follow-up for molar gestations or first trimester bleeders.
- It is to be maintained by the GYN ENDO 2nd-year resident or the most junior resident on the GYN team (not the intern).
- Should be updated at least two to three times weekly.
- Physically maintained in the chief cart at all times. Call the GYN Chief if there are any questions.
- To be brought to clinic by the GYN intern.

- **"Tubal Day":** First Friday and 4<sup>th</sup> Wednesday of each month.

- All charts should be reviewed with the Chief Resident and the attending staff two to three days before surgery.
- Assure patients have had their PATs and that consent forms are appropriate.
- Call patients the day before to remind them of their surgery time and to answer any last-minute questions.
- Always check preop labs.

- **Case assignments and "down" time:**

- Print the following day's OR list and deliver it to the GYN Chief each afternoon.
- All cases for the next day will be assigned by GYN Chief. The Chief will post the OR list in the Resident Lounge.
- Review and be prepared for assigned operative procedures. Attending staff will expect that you have read about and are aware of the risks, complications, and basic technical aspects of the surgery for which you are scrubbing.

- Most junior resident will get H&Ps from PACU and leave on desk in Resident Lounge.
- Offer to hold the GYN pager, and/or follow an upper-year resident during evaluation of patients in the ED.
- If the opportunity arises to leave early, always clear it with the GYN Chief before leaving the Hospital.

• **Gyn Sign-Out List:**

- This computer-generated list must be updated daily by each resident on the GYN team to reflect changes in patient status, admissions, and discharges.
- The last resident to sign out for the day has the responsibility of printing a copy of the list, and leaving it on L&D for the Night team.
- Try to complete as much information as possible (meds, medical history, abnormal labs).

• **Post-op checks:**

- Mandatory Progress Note completed four to six hours after surgery.
- Should include: assessment of patient complaints, vital signs, urine output, physical exam, pertinent labs, etc.
- Should be completed prior to 1900 hours if possible, or else posted on the Sign-Out List for the Night float to complete.

**Off-Service Rotations (ICU, Geriatrics, FP)**

- Continuity clinic one day each week.
- Interns will be included in the weekend OB call schedule pool. (ICU intern will have call during week for ICU and weekends for OB.)
- Attendance at OB/GYN morning conference is not required, but strongly recommended.

**NICU Rotation**

- This rotation is supervised by the Neonatologists and the Neonatal Nurse Practitioners.
- Certification in Neonatal Resuscitation (NRP) is a requirement of completion of the rotation.
- Attendance at OB/GYN morning conference each day is expected.
- Continuity clinic one day per week. Interns will be included in the weekend OB call schedule pool.
- Intern may be called away for colpo or gyn ultrasound clinic.

## Office Endocrine Rotation (PGY2 GYN)

- The resident is assigned a private attending physician, and will observe him or her in their offices over a four-week rotation block. A total of 8 sessions will be scheduled.
- If additional down time is available, the resident will contact the GYN Chief for further work assignment.
- The ENDO Resident is also responsible for the beta book.
- When not in the office, the ENDO resident will be considered part of the GYN team.

## Maternal-Fetal Medicine Rotation (PGY2/PGY3 — with 1 or 2 Residents)

- Clinic duties: Diabetic clinic is held Tuesday mornings and patients are seen along with the nurse practitioners.
  - The resident not in diabetic clinic is with the MFM attending.
  - Continuity clinic one day a week.
- Inpatient MFM Resident (rotate weekly):
  - Rounds on all in-house MFM patients.
  - Takes care of all new admissions and consults to the Antepartum service.
  - Responsible for ultrasound in OB Triage.
  - Responsible for keeping the MFM service list updated.
  - MFM ultrasound schedule on Monday afternoon in clinic and Friday morning.
  - Ultrasound with MFM attending when the other resident is in clinic.
  - OB clinic duties as above.
- Office MFM Resident (rotate weekly):
  - Ultrasound and office with perinatologist.
  - Bring charts up from the office to the floor every evening.

Above all, communicate with each other through the week on inpatients, clinic patients, or any other questions/concerns you may have. Sign-out to MFM attending (together) at least once a week on all inpatients (even if he is not formally consulted). Good communication will make this a successful rotation.

## Clinic Duties

- Each resident will be scheduled for Continuity Clinic every week.
- The ONCO Chief/resident, and a PGY2 or 3 on the GYN team, will attend Colpo and LEEP Clinics.

## The Ultrasound

- Under no circumstances does the "Labor Floor" Ultrasound ever leave the labor floor.
- Ultrasound upkeep and maintenance is an intern responsibility. The machine should be cleaned and stocked (paper, gel, condoms, lube, etc) on a weekly basis.
- If servicing is needed, Dr. Neubert should be informed immediately.
- In-house maintenance of the machine (electronics, hardware support, software) is available through the Biomed Department.

## Vacations and Conferences

### **Vacation:**

- Fifteen weekdays allotted for PGY 2,3,4 – Ten weekdays for PGY 1.
- The resident may **request** off weekends before and/or after his/her week of vacation.
- Three additional days are allotted during the Chief year for job or fellowship interviews.
- Vacation requests must be submitted well in advance, i.e. before the next eight-week call schedule has been finalized. You must also notify clinic to block your schedule at least 6 weeks in advance.
- The Department must be notified of vacation time that is taken even when a resident is on an off-service rotation.
- The Department must be notified of sick time that is taken even when a resident is on an off-service rotation.
- Do not make any travel arrangements/deposits until written approval has been granted.

**Conference:**

- Conferences can be taken during each of the PGY2 and 3 years for a total of 5 weekdays.
- PGY 2,3 are recommended to attend a course with material relevant to the practice of OB/GYN.
- PGY 4 residents are recommended to attend a course with material providing a broad overview of OB/GYN topics relevant to preparation for the ABOG written board examination.
- Conference requests must be submitted well in advance, i.e. before the next eight-week call schedule has been finalized.
- Days of the conference plus one extra day of travel = number of days of requested leave permitted.
- Conference tuition, as well as modest travel, lodging, and meal expenses will be subtracted from each resident's educational fund.

**Leave Request Approval Protocol:**

- A vacation or conference request form must first be submitted to the Chiefs.
- Dates of leave are allotted on a first-come-first-served basis.
- Each Chief must approve the requested leave.
- You must contact clinic and inform them of your time off at least 6 weeks in advance.
- Approvals are not complete until signatures from all Chiefs, Dr. Neubert, and the Clinic scheduling staff are affixed on the leave request form and it is delivered back to the resident.

**Additional Considerations:**

- DO NOT make travel arrangements until time away has been approved.
- Vacations or conferences are not permitted during the following times:

- Labor floor rotation: Days or Night float unless coverage is arranged.
- All vacation requests will be considered as long as coverage is available.
- At no time are all four Chiefs permitted to be away at the same time.
- July, December, or 1st week back in January (except interns off-service).
- No two upper-year (PGY2 or 3) residents may be away on vacation or conference at the same time without clearance from the Chiefs.

## Sick Days

- Any resident who feels ill enough to stay home must contact ASAP:
  - The Chief Resident on call.
  - Ms. Musko at 610-988-8614.
  
- Please refer to The Reading Hospital and Medical Center Personnel Policy for further information.

## Journal Club

- Occurs monthly at morning conference except 4 months which will be held in the evenings at the home of an attending.
- Attendance at Journal Club is mandatory for all residents not on call
- Dr. Kleiner will choose the participating attending(s) and the location of the meeting.
- Two journal articles are selected by the resident assigned to Journal Club that month.
- Each Journal Club should be announced three to four weeks in advance.
- The articles are photocopied and are given to the department to distribute to fellow residents, students, faculty members and attendings.

Each intern presents one journal article. The articles should be read and interpreted thoroughly by all participants. Residents should be prepared to discuss study design, results, significance of conclusion, etc.

- RSVP is required of all residents when journal club is at an attendings home.

## Dictations, Procedure Documentation, and Credentialing

- Operative notes should be dictated within one hour of procedure completion.
- Procedures need to be entered in the ACGME website on a weekly basis.

- Levels of involvement:
  - >50% involvement in the case qualifies as COMPLETE MANAGEMENT – Surgeon.
  - 30-50% involvement qualifies as OPERATIVE MANAGEMENT – Assistant.
  - <30% involvement qualifies as SURGICAL ASSISTANT – Assistant.
  - TEACHING assistant involvement covers all Chief level cases where surgical teaching was involved.
  
- ORANGE cards: It is the resident's responsibility to submit to the attending physician for purposes of procedure scoring and credentialing of surgical skill sets.

### Conference

- 1st and 5th Wednesday of every month is Tumor Conference.
- Director's Meetings monthly.
- OB and GYN STATS occur on alternate months, usually a Monday at the end of the month.
- Two OB Cases AND one GYN Case each month.
- Chiefs meeting monthly.
- Chapter and CREOG reviews may be scheduled on Thursdays and Fridays to meet curriculum requirements. These may be assigned to residents.
- **Each resident is responsible for one departmental talk and OB and GYN cases which are to be distributed evenly.**

### Call Scheduling Considerations

- Complete in twelve-week intervals.
  - The schedule must be completed and finalized one month before the next block. The call/scheduling Chief must approve the schedule prior to distribution.
  
- Making the Call Schedule:
  - Print out the calendar template for that block. Fill in holidays and long weekends.
  - Check rotation schedule and previous call schedule.
    - Check previous call schedule for weekends and days on call so that nobody ends up doing five weekends in a row, or two or three days in a row.
    - Black out Night Float for the relevant block. Make sure that Night Float has the weekends BEFORE and AFTER off.

1. Fill in as appropriate the APPROVED vacations and conferences.
  - Master schedule is available in Chief's office. Confirm with Chiefs if unsure. Never assume; make sure you have a copy of the APPROVAL.
2. Consider and fill in requested off days and weekends as appropriate.
3. Fill in weekends.
  - Avoid more than two or three consecutive weekends or all Friday/Sunday or Saturday; a much appreciated courtesy whenever feasible.
4. Fill in weekdays (1700-1900 hours Short Call).
5. Assure that equal stats are maintained (as best as possible).
  - Establish a single Stat sheet that is the responsibility of the person scheduling call to update.
6. Chief Residents will be compensated for Family Practice OB attending coverage.
  - Chief Resident will get paid \$50 per day.
  - Chief Resident will get paid \$100 per delivery.

### **Rotation Scheduling Considerations**

- OB Team includes: one Chief, an upper-year resident, an intern, an MFM resident, and a night float.
- GYN Team Includes: one Chief, PGY3, PGY2, an intern, and an ONCO resident.
- UROGYN: PGY4.
- ONCO: PGY4 for first half of year; PGY3 for second half.
- MFM: PGY 2 or 3..
- ELECTIVE: one block for PGY3.
- REI: Check Dr. Minassian's office schedule for times.
- Schedules and blocks turn over on Mondays.
- The January block will start on the Monday closest to New Years Day.
- Holiday Weeks: last week of December block, first week of January.
- Look at previous year's schedule if you need help.
- Intern Off-Service Rotations: Have the department send memos to departments so they know when to expect a resident to rotate.

**The Reading Hospital and Medical Center  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**RESIDENT ACCOUNTABILITY AGREEMENT**

By signing this page of the attached Resident Manual:

- I acknowledge that I have read and understand the rules, protocols, and guidelines contained within the Survival Guide and Resident Manual.
- I am accountable for my own compliance with such rules, protocols, and guidelines. Failure to do so may result in disciplinary action, probation, and/or suspension of privileges.
- I am responsible for responding to requests communicated through email and Hospital mail located on R2S.
- I must successfully complete Step 3 USMLE by December of my PGY2 year. I understand that successful completion of Step 3 is required to advance to PGY3. I am responsible for arranging plans to take this exam on time.
- I am required to return the Doppler that has been loaned to me at the completion my residency program. I will be held responsible for half of the replacement cost if I am unable to return or need to replace the Doppler.
- I will be held responsible for half of the replacement cost of my Palm Pilot if it needs to be replaced.
- I agree to get approval for vacations and conferences before I make reservations.
- I am responsible for weekly submission of procedure stats (absolutely no more than two weeks between stat submissions to ACGME Website).
- I agree to address all medical records in a thorough and expedient fashion. The record room will be visited every two weeks or sooner to complete deficient charts. All operative notes will be dictated immediately after the procedure. Discharge summaries will be dictated on the day of the patient's discharge. Delinquent medical records represent a medical liability and are unacceptable.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

PGY Year: \_\_\_\_\_ Date: \_\_\_\_\_