



OBGYN RESIDENCY PROGRAM DESCRIPTION

**GARDEN CITY HOSPITAL
GARDEN CITY, MICHIGAN**

1. Program Mission Statement

- a. The purpose of the Residency is to assist the OBGYN Resident ("Resident") in developing the knowledge, skills and professional attributes to be a competent provider of obstetrical and gynecologic care.

2. Goals and Objectives

- a. The goals and objectives of the OBGYN Residency Program are:
 - i. To provide the Resident with a strong foundation in the spectrum of obstetrical and gynecologic care
 - ii. To arrange clinical and didactic experiences that allow for integration of the core competencies into the Program's curriculum
 - iii. To define and employ methods of evaluation to assess integration and application across the core competencies

3. Program director and faculty

- a. The program director will be responsible to
 - i. Develop the Residents' schedule of rotations, in collaboration with the Department of Medical Education
 - ii. Evaluate the Residents' performance as defined by ACOOG/AOA and submit reports in a timely fashion
 - iii. Attend the ACOOG Program Directors' conference as per ACOOG guidelines
 - iv. Review and report annually to ACOOG on the Residents' progress on the research project
 - v. Comply with other requirements for program directors as described by AOA and ACOOG
- b. The program director will be selected by the Administration of GCH and the Department of Medical Education at GCH. In the event of a change in program director, a written request for approval of the program director's appointment will be submitted by the Department of Medical Education to ACOOG and AOA.

- c. Additional program faculty will be identified in accordance with AOA standards and the standing rules of the Department of Internal Medicine at GCH.

4. Program eligibility and prerequisites

- a. Most entrants into the Residency will be selected as an OBGYN Track Intern (OGME-1) through the osteopathic internship match. By definition, all track interns are considered to be in combined ("linked") programs and assuming appropriate academic progress, will progress into residency training (OGME-2 through OGME-4) at GCH.
- b. Effective July 1, 2008, the OGME-1 year will be defined as the first year of residency (OGME-1-R); candidates will match directly into the OBGYN residency program, which is a total of 48 months in duration (OGME-1 through OGME-4).
- c. Other applicants, including those who completed other osteopathic internship or residency training, may also apply using a standardized AOA application form or GCH application form.
- d. Applicants must be enrolled in or have graduated from an AOA-accredited College of Osteopathic Medicine.
- e. Applications will be accepted through the Electronic Resident Application Service (ERAS) and will include the following documents: application form; curriculum vitae; Dean's Letter/Medical Student Performance Evaluation; COMLEX transcript; COM transcript; personal statement; letters of recommendation.
- f. Applicants will be reviewed without discrimination based on race, color, religion, sex, age, national origin, handicap, marital status, sexual orientation or other unlawful criteria. Selection of Residents will be in accordance with GCH's policy on House Staff Appointment, Advancement and Due Process.

5. Program overview

- a. The Obstetrics and Gynecology Residency Program ("Residency") at Garden City Hospital ("GCH") will provide comprehensive clinical exposure and didactics in Obstetrics and Gynecology ("OBGYN") supplemented by arranged rotations at affiliated sites.
- b. The Program will be 48 months in duration, inclusive of an OBGYN Track Internship (OGME-1) to be followed by three additional years of residency training (OGME-2 through OGME-4). The completion of the OBGYN Track Internship will provide credit for one year of residency training in accordance with the guidelines of the American Osteopathic Association (AOA) and the American College of Osteopathic Obstetricians and Gynecologists (ACCOG).
 - i. Individuals who have completed a one-year AOA approved rotating internship may be considered for entry into the Residency and would

be required to complete 48 months of residency training (OGME-2 through OGME-5).

- ii. Consideration for advanced standing for individuals who have completed other graduate medical education may be requested through the processes defined by ACOOG and AOA.
- c. Effective July 1, 2008, the OGME-1 year will be defined as the first year of residency (OGME-1-R); candidates will match directly into the OBGYN residency program, which is a total of 48 months in duration (OGME-1 through OGME-4).
- d. Successful completion of the structured curriculum of 48 months of training in OBGYN will meet the requirements for board eligibility through the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

6. Curriculum and rotations

- a. OGME-1 – OBGYN Track Internship consists of the following 4-week rotations. The number in parentheses is the number of rotations. All rotations are completed at GCH unless otherwise noted.
 - Family Practice (1)
 - Internal Medicine (2)
 - Critical Care Medicine/ICU (1)
 - General Surgery (1)
 - Neonatal ICU out-rotation (1)
 - Female reproductive medicine (1)
 - OBGYN (6) - combined labor & delivery and gynecologic surgery
- b. OGME-2
 - OBGYN: 10 months. Combined labor & delivery and gynecologic surgery at GCH
 - Pathology: 1 month
 - Ultrasound out-rotation: 1 month
- c. OGME-3
 - OBGYN: 9 months. Combined labor & delivery and gynecologic surgery at GCH
 - Reproductive Endocrinology out-rotation: 1 month
 - Maternal Fetal Medicine out-rotation: 2 months
- d. OGME-4
 - OBGYN: 9 months. Combined labor & delivery and gynecologic surgery at GCH
 - Urogynecology out-rotation: 1 month
 - Gynecologic Oncology out-rotation: 1 month
 - Elective: 1 month

- e. Based on availability of outside rotations, the timing of rotations may vary (e.g. switched from year 2 to year 3, for example).
- f. For out-rotations, all paperwork must be completed in advance of the rotation start date. Paperwork includes the GCH Out-Rotation Request form and all documentation required by the host institution.
- g. Any changes in the rotation schedule must be approved by the Program Director and Vice President of Medical Education. Under no circumstances should a resident change an assigned rotation without notice and approval.

7. Continuity clinic

- a. Each OB track intern and resident will be assigned to ambulatory OBGYN continuity clinic for one half-day per week at the offices of GCH OBGYN staff who are board certified.
- b. Residents are responsible to attend their assigned clinic during out-rotations

8. Resident responsibilities. Throughout the four years the Residency, each resident will be responsible to:

- a. Maintain an active osteopathic medical license in the State of Michigan.
- b. Abide by the policies of GCH as outlined in the House Staff Manual and in the Residency Contract.
- c. Provide a current email address to the GCH Department of Medical Education and to ACOOG.
- d. Maintain active membership in AOA (dues paid by GCH).
- e. Maintain current ALSO certification (ALSO offered through SCS).
- f. Maintain records of patient encounters, procedures, etc. through the eLOGS system.
 - i. Hard copies of logs are to be provided to the Medical Education department for the resident's academic file.
 - ii. Questions or problems with eLOGS should be directed to Carolyn Pfeifer at MSUCOM.
- g. Participate in the education of externs and interns and complete evaluations as needed.
- h. Attend Statewide Campus System Education Days as scheduled.
- i. Attend OBGYN Monthly Department meetings; give case presentations as assigned. Attend other departmental quality review meetings.
- j. Submit a completed House Staff Performance Evaluation Form for each out-rotation.

- k. Complete the ACOOG research requirement (see below).
- l. Complete the following annual resident requirements, including
 - i. Resident annual report: multi-page document from ACOOG. Must be completed annually and forwarded to ACOOG, with copies maintained in the resident's academic file.
 - ii. Annual evaluation of program director
 - iii. Annual evaluation of program faculty
 - iv. Participation in inservice CREOG examination
- m. Complete at least one Community Education and Outreach activity during the Residency. Options include childbirth classes, screening programs, etc.
- n. Additional OGME-1 requirements:
 - i. Submit an application for membership to ACOOG.
 - ii. Meet quarterly with the Vice President of Medical Education (VP/DME)
 - iii. For each rotation, submit a completed House Staff Performance Evaluation Form, Evaluation of Rotation form, and patient logs
- o. Additional OGME-2 requirement:
 - i. Attend the ACOOG midyear conference.

9. Call

- a. Call assignments will conform with duty hour limits and requirements as defined in the GCH Duty Hour policy and the AOA Basic Standards. It is the responsibility of the intern/resident to know and abide by GCH's policy and procedures on duty hours.
 - i. Interns and residents are to complete and return duty hours report forms when requested by the Department of Medical Education.
 - ii. During OGME-1 (internship), moonlighting is prohibited.
 - iii. During OGME-2 through OGME-4, moonlighting requires the permission of the Program Director and compliance with all policies and procedures. In particular, moonlighting must be included in the resident's total duty hours, which must not exceed 80 hours per week averaged over four weeks.
- b. Call assignments by year of training:
 - i. OBGYN Track interns will be assigned to 8 OB calls per month. Track interns may be assigned to weekend and/or night house coverage as part of the OGME-1 call schedule.
 - ii. OGME-2: 6 calls per month
 - iii. OGME-3: 5 calls per month
 - iv. OGME-4: 4 calls per month
- c. Weeknight call begins at 5 pm. Weekend calls are 24 hours and count as 2 call shifts. Residents who are postcall will leave by noon the next day at the latest.

- d. Residents have in-house attending physician backup until they are deemed able to take call independently. An attending physician is always on call.
- e. Duties while on call include covering patients in labor and delivery as well as admitted patients, in-house postoperative patients; consults; surgeries and Emergency Department patients.

10. Daily expectations

- a. Complete morning rounds by 7:00 am.
- b. Duties for the day, including surgical cases and labor & delivery (L&D) coverage, will be assigned by the attending and/or senior resident.
- c. Responsibilities on L&D include:
 - i. Manage laboring patients
 - ii. Procedures, such as rupturing membranes, placement of internal monitors, etc.

11. Didactics

- a. OBGYN didactics include book review, compendium, prolog questions and other topics. These will be scheduled weekly.
- b. Morning report/board turnover with the senior resident and/or attending physician will take place Monday through Friday on L&D at 7:00 am.
- c. Statewide Campus System (SCS) Education Days

12. Research

- a. ACOOG requires at least one research paper be completed by the end of the Residency.
- b. Options for meeting the ACOOG requirement include:
 - i. Original research (clinical or basic sciences)
 - ii. Retrospective study (medical records analysis)
 - iii. Case series with review of literature
- c. A topic/hypothesis should be selected by the end of OGME-2.
- d. Residents will present their research at the Statewide Campus System Education Day during OGME-4.
- e. Residents are encouraged to submit research projects to their specialty college and/or local meetings, such as Michigan Osteopathic Association Annual Scientific Exhibits.

13. Academic file requirements

- a. The resident will be responsible for providing the following to the Department of Medical Education for their academic file:
 - i. Curriculum vitae, if not submitted through ERAS
 - ii. Copy of driver's license
 - iii. Copy of Social Security card
 - iv. Copy of current BLS/ACLS certification

