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The faculty and staff of the University of Wisconsin Obstetrics and Gynecology Department welcome you to our Residency Training Program! It is our mission to select the best and brightest resident candidates and foster their growth into successful obstetricians and gynecologists. Our award-winning and nationally recognized faculty are committed to providing not only the absolute best in patient care but also a well-rounded education for our residents.

In our program, residents interact with all major specialty groups, including benign gynecology, general obstetrics, gynecologic oncology, maternal fetal medicine, reproductive endocrinology and infertility, and reproductive sciences. This clinical experience enables our residents to develop the skills to become general obstetrician-gynecologists or subspecialty fellows. OB/GYN residents are part of an educational environment that is designed to enhance academic curiosity, cultivate excellence in clinical and teaching skills, and promote clinical and basic science research.

UW-Madison’s unwavering dedication to a strong work ethic and best practices allows us to be one of the preeminent healthcare providers in the region. In order to maintain this status, we must constantly seek out and implement the latest in healthcare technology. Therefore, our residents are provided with unrivaled opportunities to experience and utilize some of the best technology available in the field of Obstetrics and Gynecology. In July of 2009, the Department of OB/GYN celebrated the grand opening of our state-of-the-art Simulation Training Laboratory (Sim Lab), located on the campus of our partner organization, Meriter Hospital. The new space and equipment have allowed us to develop several in-depth teaching programs for residents as well as attendings and other care providers. Additionally, our department boasts several research facilities on the UW Hospital campus, including the Stephen Rose Lab (focused on finding improved treatments for ovarian cancer) and the Sana Salih Lab (focused on improving fertility and reproductive health outcomes in women).

With a wealth of information and educational support at their fingertips, residents are never at a loss for training opportunities in an array of sub-specialties. The Department of OB/GYN is constantly growing. We invite you to take part and contribute to another exciting year!

Laura A. Sabo, M.D.
Clinical Assistant Professor
Residency Program Director
Department of Obstetrics and Gynecology
The University of Wisconsin residency program in Obstetrics and Gynecology consists of rotations at the University of Wisconsin Hospital and Clinics, Meriter Hospital, St. Mary's Hospital Medical Center, the University's Student Health Service, Wisconsin Planned Parenthood and various other outpatient clinics. All are located in Madison, Wisconsin. The University's Department of Obstetrics and Gynecology is responsible for the organization, content, and the overall administration of the residency program.

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

It is important to understand the pattern of clinical care utilized by the faculty of the University. Departments are organized into practice units which may be department-wide, divisional or even smaller subgroups. Each unit emphasizes a team approach to patient care. The team consists of staff physicians, residents and medical students. Levels of responsibility assigned to various members of the team are delegated by the staff physician with regard to experience, background and capability of the individual. The relationship of the staff physician to all patients under his or her direct care is signified by his or her signature and notes at various places in the record and on the discharge summary or letter. (The rules of the medical staff of the University Hospital require that all progress notes by residents or medical students be countersigned by a staff physician.)

The staff physician renders service to patients in varying degrees. The maximum service would be performance of all procedures. The minimum level of service would be supervisory review of the patient's history and findings with confirmation of major points by personal examination, and supervision of technical procedures. The goal is to provide good care for all patients while affording educational opportunities for students, residents, and others. Attending physicians will almost always be present during surgery, deliveries and other procedures. Their responsibility is to provide supervision and teaching appropriate to that resident's or student's level of training.

It should also be recognized that faculty appointment does not require competence in all of the specialized techniques of modern reproductive medicine. Even senior staff may defer to subspecialty colleagues with regard to management plans and specialized procedures.

Patient fees are important to the function of the Department, the Medical School and the hospitals participating in the residency. Documentation of staff supervision and participation in patient management is important in avoiding third-party challenges to billings for services rendered. Compliance with all aspects of documentation is necessary, including signatures of verbal orders and timing, dating, and staff signature on chart notes. All dictated notes must state clearly the staff physician's level of involvement in the case.

Management plans discussed and formulated with staff should be stated in the progress notes. Services (equipment, dietary consultation, respiratory therapy, etc.), all laboratory tests and procedures (even those you perform yourself) should be entered on the order sheet and patient record. In cases where the patient is managed totally by the resident, it is the Department's policy to submit no professional charge, but documentation of all care should be present.

The clinical (volunteer) faculty are very important to this program. Their experience and willingness to share their patients are essential for your education and training. The volunteer faculty participates in the residency out of dedication to postgraduate medical education and without remuneration from the
University. You provide them with assistance, and they provide you with the benefit of their knowledge and access to patients. They will "turn over" surgery and procedures in proportion to their assessment of your overall abilities. Your contacts with their patients must always be professional, appropriate, and enhance their care. You should document discussions of patient management, orders, and procedures for the patients of the volunteer faculty just as you would for the full time faculty.

In addition to your role as student, physician and trainee, you have an important role as a teacher of medical students and junior residents. Residents often have more extensive and direct contact with medical students than do the faculty. Therefore, you will have the most immediate opportunity to teach clinical skills, to evaluate student performance and to be a role model for students considering Obstetrics and Gynecology as a career.

During residency you will rely upon many members of the health care team: nurse-practitioners in the high risk obstetrical clinic, nurses in the inpatient units and outpatient clinics, and operating rooms; dieticians, social workers, ultrasound technicians and many others. These people have knowledge, skills, and experience from which you may learn. All are members of the health care team, and your interactions with them should be professional and cooperative.

The residency includes many learning opportunities other than patient care. Attendance at the weekly grand rounds and case review conferences is required of all residents, and first year residents are required to attend the July and August didactic lectures. Elective surgical cases may not be scheduled in conflict with grand rounds. Scheduled didactic sessions are also required unless prevented by emergency clinical responsibilities. Other teaching conferences should be attended by the residents on specific services: e.g., the weekly perinatal conference, and FHR tracing conference for residents on obstetrics at Meriter Hospital, the weekly oncology conference, the general gynecology conference, and the endocrinology conference.

Each resident is required to carry out a research project during the residency, and to present the results at a special Research Day during his or her senior year. The full time faculty may advise you in the selection of a project, and will guide you in the planning and implementation of the project. You should choose your project by the end of your first year. Do not wait until your third year elective rotation to start planning your project.

Each resident is also expected to present a Grand Rounds topic. The faculty will be happy to help you select a topic and guide you during the preparation of your talk. In addition, residents will prepare and present other conferences as requested.

Library resources are available at each hospital participating in the residency to assist you in general learning and in the preparation of your presentations. Each resident will also be provided with access to an electronic data-retrieval system to many scientific and general databases. These can be accessed through computers at all hospitals.

The Department provides support for each resident to attend a national scientific or clinical meeting or postgraduate course during residency. This meeting must be approved by the Residency Education Committee. The Department will also provide support for residents, whose research is selected for presentation at a national or regional meeting, to attend that meeting.

We wish you well and are proud to have you as a member of our department.

Laurel W. Rice
Professor and Chair
Department of Obstetrics and Gynecology
University of Wisconsin School of Medicine and Public Health
Departmental Faculty and Standing Meetings

Faculty Appointments and Committees Chair
Laurel W. Rice, MD

Vice Chairs
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Maternal Fetal Medicine Dinesh Shah, MD
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Ellen Hartenbach, MD John Street, PhD
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Ian Bird, PhD Manish Patankar, PhD
Theresa Duello, PhD Laurel Rice, MD
Thaddeus Golos, PhD Gloria Sarto, PhD
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Ellen Hartenbach, MD Gloria Sarto, PhD
Joel Henry, MD Dinesh Shah, MD
Brenda Jenkin, MD Katharina Stewart, MD
David Kushner, MD Jing Zheng, PhD
Doug Laube, MD

Please reference the department intranet for the most current information on faculty and staff contact information: intranet.obgyn.wisc.edu
Education and Duties

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

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

We are committed to maintaining an environment in which residents and faculty can improve their knowledge and skills, and learn from each other. Residents will be incorporated into the department’s clinical, teaching and research activities in a supportive and collegial fashion. Whenever appropriate, residents will be consulted in departmental program decisions, and are encouraged to make policy recommendations in open forum and through their representative to the Resident Education Committee.

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

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

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

ACGME Case Logs
The ACGME Resident Case Log is an online system that allows residents to keep an electronic record of their clinical experience. These clinical statistics are required by the Accreditation Council for Graduate Medical Education (ACGME) and they will be an important document for you when you apply for hospital credentialing after graduation.

Each resident is responsible for keeping an accurate, up-to-date record of their clinical experience. Instructions for entering cases are available on line. Also, consult your fellow residents when "stats" questions arise, to ensure that you gain full credit for your clinical experience.
Residents should keep their case log updated on a continuous basis. The Education Program Manager and Residency Coordinator will be monitoring the Case Log system to ensure timely record keeping.

If you have questions regarding the Case Log system, contact the Residency Program Coordinator, 263-1228, or the Education Program Manager, 417-7906.

**Duty Hours**
The University of Wisconsin-Madison, Department of Obstetrics and Gynecology Residency Training Program endeavors to be in full compliance with the work hour restrictions as mandated by the ACGME.

No resident is to be on duty more than 80 hours per week. The Ob/Gyn RRC’s mandate of one day off in seven averaged over a four-week period is maintained. Continuous on-site duty will not exceed 24 hours and be followed by a minimum 14 hour rest period. The 24 hours on duty “rule” is only to be exceeded by up to six hours for scheduled didactics, or to attend RRC required outpatient clinics. Most off hours clinical activity is covered by a night float schedule at our three hospital affiliates. But even call schedules that provide for call from home may not exceed every third night, averaged over a four-week period.

Moonlighting is not permitted. Continuity Clinics for night float residents are on Friday mornings. The department faculty is expected to monitor residents closely for signs of fatigue. This especially applies to services where nocturnal duties are covered by residents on call from home. These residents are expected to be excused by noon at the latest, if they were in the hospital working for a substantial proportion of the preceding night’s call shift.

The program is not planning to apply to its RRC for a 10% exception.

Residents are required to record their daily work hours in MedHub. This will be monitored for violations and timeliness in inputting hours.

Violation of this duty hour policy may be communicated in writing, by telephone, by e-mail, or in person, to the program director or program coordinator. Any such complaint will be followed up on as soon as feasible. See Addendum A for details.

**Rules**
- Resident must have at least 8 hours off, preferably 10 hours off between shifts.
- Resident must have 24 continuous hours off each 7 days (averaged over 4 weeks).
- Resident may not work more than 80 hours per week (averaged over 4 weeks).

**Meriter and St. Mary’s work hours and call**

10 Hour Rule
- Monday - Friday, rounding begins at 6:00 am, which means you must leave by 8:00pm
- If you are in a C-section or delivery and stay past 8 pm, then you must come in late the following morning so that you have 10 hours off between shifts.
- If you are in a Gyn surgery and stay past 8:00 pm, then you must come in late the following morning so that you have 10 hours off between shifts. The 4th year resident may occasionally break this rule for exceptional learning cases (if this happens, enter in the comments section on E-Value why you left late).
- Notify senior resident that night that you will be late the next day.

24 Hour Rule
- Saturday, on-call resident will come in at 7:00 am to round.
- Sunday, on-call resident will come in at 5:45 am to round. Sign out will be completed by 6:00 am, and the Saturday call person will leave.
- No rounding should begin before 5:30 am, unless the patient is already awake.
- If you are in a C-section or delivery and leave after 6:00 am, then you must come in late the following morning so that you have at least four 24 hours off over 4 weeks and 14 hours off after a 24 hour call.
- Notify senior resident that day that you will be late the next day.

**UW work hours and call**

10 Hour Rule
- Monday – Friday, rounding begins at 6:00 am which means you must leave by 8:00 pm.
• The only exception is if the senior resident is in the OR with a great learning case. This should only be used by the senior resident. If this happens, enter in the comments section on MedHub your reason for leaving late. This is an exception to the 10 hour rule; therefore you do not need to come in late for rounding the next day. Keep in mind, this should not happen often.

80 Hour Rule
• Keep track of your own work hours. Let the senior know if you are close to a work hour violation. You will be sent home.

Night Float
• If called in for back up for UWNF and you are in the hospital for > 4 hours after 10:00 pm, you must leave by 12:00 pm the next day.

General Rules
Do not falsify your MedHub entries. We need to be sure the system is set up so we never violate the work hour rules. We can’t tweak the system without knowing where it may be failing. Paperwork, OR dictations and discharge summaries/dictations are not valid reasons to stay late and break work hour rules. You need to take time during the day to do these. If you are having trouble getting dictations/summaries done, let the senior resident know. Many times you will have to pass off uncompleted work. Do the best you can to finish, but remember that you have to leave on time. So, learn to organize, be concise and pass it on.

MedHub
Use only the following options:
• Planned Work Hours - this is for all scheduled hours including, in-house calls, regardless of the day of the week.
• Called in from home - this is for UW Home call when you come back to the hospital.
• Vacation - Your vacation is Monday-Friday, not Saturday through the following Sunday.
• Please count work hours as continuous if you finish night float at 8:00 am and start RCC at 8:30 am. Don’t log as two separate shifts, as this is flagged as not having 10 hours off between shifts. This should be considered planned work hours from start of night float shift at 7:00 pm until completion of RCC.

Policies

Attendance (for scheduled Didactic Conferences)
The “core” didactic series of conferences occurs for the benefit of resident education. Residents are excused from routine clinical activities at all three hospitals during M&M, Grand Rounds, Resident Didactics, and during regularly scheduled divisional conferences. Therefore, absences from these conferences will be excused only for illness, vacations, out of town rotations or for coverage of high acuity emergency cases.

Arrival at core conferences is expected to be prompt. The Chair or Program Director may elect to track late arrivals (by removing resident sign in sheets 15 minutes after the scheduled start of a conference) and to consider chronic non-attendance or late attendance in the annual resident performance evaluations.

In addition, approval of meeting time and departmental funding for the major senior meeting (up to $1,200) is contingent upon satisfactory (80+%) attendance at scheduled didactic sessions. The recommendation not to approve or fund a meeting request will be submitted for approval to the residency education committee and the full time faculty.

Nondiscrimination
The Department is committed to providing equivalent educational experiences to all its residents, regardless of race, gender, ethnic origin or training level. The Department also recognizes that patients have a choice with respect to their healthcare providers. Therefore, if a patient declines the involvement of a particular resident in her care, the patient will no longer be cared for on the UW Ob-Gyn teaching service. There are no provisions for having another resident of different gender, race, ethnic origin or
training level cover the responsibilities of the originally assigned resident, regardless of clinical activity or resident availability, with the exception of an emergency. Questions about clinical care are to be routed directly to the patient's attending.

Attending physicians are encouraged to discuss this policy with their patient, before she is admitted to the hospital.

**Remediation**
In selecting individuals for our program, we have made a commitment to fully support their development into competent, productive and independent Ob/Gyn physicians. Since residents arrive with varied backgrounds, aptitudes, and skill sets, it is expected that each will travel a unique path in their professional development. Remediation is an educational resource that exists to provide residents with additional support when needed.

Remediation is a natural extension of the evaluation process. When deficits are highlighted by the evaluation process, most residents will make necessary corrections on their own. Remediation exists for those residents who require direct, formal educational support from the residency program. While residents are encouraged to seek remediation support, it is more often the case that the residency program will initiate a remediation program based on clinical evaluations, faculty and staff reports, or CREOG exam results.

The process for implementation of remediation typically proceeds as follows:

- The need for remediation becomes evident to the Program Director (e.g. poor rotation evaluations; CREOG exam scores below 30th percentile).
- Meeting with the resident. The Program Director meets with the resident to review evaluations and gain the resident’s perspective on the situation.
- Problem identification. The Program Director investigates to determine the source of the problem - physical, emotional, cognitive, interpersonal, or structural (e.g. time management).
- The Program Director meets with the Competency Committee and/or qualified faculty to develop a preliminary remediation plan.
- Meeting again with the resident. The Program Director reviews the remediation plan with the resident, solicits resident input, sets a timeline with performance benchmarks, and, if required, selects a remediation mentor. The written remediation plan is signed by the resident and the Program Director, a copy is provided to the resident, and a copy becomes part of the resident’s file. The remediation plan is implemented at that point.
- The Residency Education Committee (in session without resident representatives) will review the remediation plan at their next meeting.
- The Program Director or their representative periodically checks on resident progress toward meeting remediation goals.
- Remediation is reviewed at the next bi-annual resident meeting with the Program Director.
- Once remediation goals are met, the Program Director and resident will sign off on the remediation plan and the form will be placed in the resident’s file.

Remediation is an educational process, not a punitive process. However, the need for repeated remediation may indicate the resident’s inability or unwillingness to successfully deal with the challenges of residency and may require moving to probation process for resolution.

**Program and Faculty Evaluation**
The residency program must be flexible enough to respond to changing Residency Review Committee requirements, modifications in faculty composition and changing conditions in the medical marketplace. The ability of the program to meet the residents’ ongoing training needs is to be continuously evaluated. To this end, resident input is solicited for each major component of the program.

The faculty will be evaluated by the residents anonymously using the MedHub system. Resident teaching evaluations are important components of faculty performance reviews and contribute to decisions about faculty promotion and retention. Residents will also evaluate their clinical rotations using the MedHub
system. Resident evaluations of the faculty and clinical rotations are collected anonymously, pooled, and shared with faculty members, the chair and chiefs-of-service semi-annually.

Residents are encouraged to share their concerns and suggestions for program improvement with the respective chiefs-of-service, the administrative chief resident, or with the Program Director. These issues will be placed on the agenda of the Resident Education Committee. Individual resident feedback on the program will also be sought in their semi-annual meeting with the Program Director.

**Evaluation Process**

The primary purpose of the evaluation process is to promote resident learning and provide evidence of resident competence. A secondary purpose of evaluation is to measure the effectiveness of the residency program. Our program uses a variety of formative and summative evaluations.

**Formative**

Formative evaluation has a prospective focus in that it assesses today’s performance with the intent of improving future practice. This is an ongoing process that helps the resident identify their professional strengths and weaknesses. Formative evaluation provides the feedback that is essential to a resident’s professional development.

Residents are constantly receiving feedback during the day from their attendings, fellow residents, other healthcare providers and patients. And there are several formal types of formative evaluation:

- Faculty members have the opportunity to electronically submit “on the fly” evaluations that express praise or concern regarding resident performance.
- Chief residents on appropriate services provide face-to-face performance evaluations for junior residents.
- Resident surgical skills are assessed periodically using a specially designed surgical skills evaluation tool.
- Patients in the Residency Continuity Clinic complete surveys about the resident performance in the areas of communication and interpersonal skills.

**Summative**

Summative evaluation is a retrospective process conducted at the end of a rotation, semi-annually, and annually. The purpose of summative evaluation is to assess completed work and to identify patterns and trends in resident performance. This information is a guide for the residents and the residency program in developing educational plans for the future. Summative evaluations use ACGME competencies as criteria to evaluate resident performance.

Here are several summative evaluations that residents receive:

- At the conclusion of each rotation, faculty will evaluate the residents on their service. On some services the faculty meet to generate a single evaluation for the resident. On other services faculty fill out resident evaluations individually.
- Residents also evaluate the work of their fellow residents on each service at the conclusion of rotations. Senior residents evaluate the work of the junior residents and share those evaluations in face-to-face meetings. Junior residents evaluate senior performance in anonymous evaluations that are compiled every six months and shared with the senior resident.
- Professional associates (nurses and allied health providers) and will be asked to evaluate the resident’s performance at the conclusion of some rotations.
- Medical students evaluate resident teaching at the conclusion of their six-week clerkship.
- The CREOG written exam is given each January to all residents and tests medical knowledge and problem solving as applied to patient care.
- A summative surgical skills evaluation is completed annually for each resident.
- The program director reviews all written evaluations, verbal feedback, and CREOG exam scores semi-annually and then meets with each resident. These meetings provide an opportunity for the program director and resident to discuss resident performance and goals for the next six months. This review
process is documented on the Biannual Resident Progress Review form and placed in the resident’s portfolio.

- Prior to resident graduation, a final evaluation is prepared by the program director, which certifies that the resident is competent to practice independently. This document will be maintained in the institution’s permanent files.

It is important that residents are able to review their evaluations in a timely manner. The residency program maintains an online portfolio for each resident and scanned evaluations are uploaded to the resident portfolio for their regular review. Review of these evaluations allows the resident to reflect on their performance and make changes where necessary.

**CREOG Policy**

Each January, residents in the program are required to take the Council on Resident Education in Obstetrics and Gynecology (CREOG) annual in-training written exam. Since this is a required event, leave is not approved for residents during this time. The CREOG exam lasts several hours and consists of over 300 multiple choice questions.

The exam results provide an objective measure of a resident’s knowledge of obstetrics and gynecology. Research has also found a correlation between CREOG scores and passing the ABOG written board exam, so the exam is an important milestone in a resident’s preparation for board certification.

The CREOG Standard Score Compared to Year (SSCY) compares residents nationally to their peers in the same training year. University of Wisconsin residents are expected to meet or surpass this score, which is set at 200. If a resident receives a score lower than 200 on the exam, they will be required to participate in a remediation process directed by the program. The exact nature of the remediation will depend on the resident’s overall score and the areas of weakness identified in the exam score report.

Performance on the CREOG exam is a factor in the Program Director’s decision regarding allocation of resident meeting funds ($1200). For instance, a third year resident scoring lower than 200 on the CREOG exam will have their meeting funds ‘frozen’ until the CREOG exam in their 4th year. If the resident receives a score of 200 or higher on the exam, the meeting funds will be released for use in the spring. If that resident again scores below 200, the resident will be required to use their meeting funds to attend an approved ABOG exam review course.

**Salary and Benefits**

**Stipend Levels**

Please visit the following webpage for the most current information on annual stipend rates:

[UW Hospital and Clinics Graduate Medical Education (GME)](http://www.medschool.wisc.edu/gme)

**Travel Expenses**

- During the four-year residency, each resident may be awarded one outside meeting. Approved meetings will be paid up to a maximum of $1200. The meeting approval is conditional on satisfactory progress in training, adequate recording of ACGME resident cases, and an 80% or better attendance record at scheduled conferences and didactic sessions.
- Junior Fellowship membership in the American College of Obstetricians and Gynecologists is paid by the department upon completion of the application by the resident.
- Only under unusual circumstances will meetings be approved during the first year of residency training.
- In addition to the meeting referred to above, with approval of the Resident Education Committee, residents may be reimbursed for travel expenses to a meeting where a paper is presented.
- Residents planning to attend a meeting may only do so with staff approval, following the same procedure as for a vacation request. An e-mail documenting approval by the director of the rotation and plans for cross-coverage must be sent to the program coordinator’s office.
- Transportation will be reimbursed at coach fare. Mileage will be reimbursed at the going rate up to the equivalent coach air fare. Receipts will be required for any reimbursement.
• Hotel accommodations: Single occupancy rate will be allowed. Receipt is required. If a spouse accompanies the resident and a double room is used, only the single occupancy rate will be reimbursed.
• Meals: Up to $30/day will be allowed. Meals should be itemized individually by the day. Reasonable amounts for meals will be allowed, no receipt required, unless over $25.
• Obtain travel expense reporting forms from the Residency Coordinator. Submit completed forms with receipts to the residency coordinator. Reimbursement will not be made unless proper travel expense reporting forms are used. Expenses must be submitted for reimbursement within 6 months.
• Instead of the meeting, a qualifying senior resident in good standing may request up to $600 in reimbursement for the one-time purchase of books, CDs or other educational materials.

ACOG Junior Fellowship
The department sponsors each of its residents as a junior fellow of the American College of Obstetrics and Gynecology. Please obtain the application form from the program coordinator. The department pays both the application fee and annual dues during your residency. With Junior Fellowship comes a subscription to Obstetrics & Gynecology (The Green Journal).

Vacation Policy

National Rules
The Residency Review Committee in Obstetrics and Gynecology (RRC) under the direction of Accreditation Council for Graduate Medical Education (ACGME) has determined that absences of more than eight weeks in either of the first three years of training, more than six weeks in the senior resident year, or absences totaling more than 20 weeks require an extension of the training period by the amount of time in excess of the above listed limits. The additional training must be completed by September 30 to receive permission to take the written examination of The American Board of Obstetrics and Gynecology (ABOG) in June of PGY-4. Absences include vacations, sick leave, jury duty, maternity or paternity leave, time off for fellowship or job interviews. Attendance at scientific meetings or postgraduate courses approved by the Program Director is not considered an absence in this context.

Departmental Rules
• Residents are allowed a total of 15 weekdays and up to 12 weekend days of vacation per year.
• Residents are granted personal days off during the designated holiday block. Scheduling is maximized to allow residents time with their families during the holiday season and is coordinated by the scheduling committee (represented by the Chief Resident, Vice-Chief Resident, a PGY-4, PGY-3, and PGY-2), ensuring that the manpower needs for the affected services are adequately met.
• Vacations are subject to the guidelines established by the scheduling committee and approval by the Program Director or Department Chair. (See Resident Curriculum Objectives)
• A maximum of five weekdays may be taken off during a single rotation, unless special arrangements have been made.
• Vacations are explicitly discouraged during the first week of any rotation, during the week that the senior residents take the written Board examination, and during the dates of the CREOG in-training examination.
• Vacation time will not be approved for out-of-department rotations on TLC.
• Absences without approval will be taken without pay, and may result in disciplinary action.
• Call missed due to family/medical/etc. leave will not need to be made up.

Absence Request Procedure
• Vacation time requests are solicited by the Chief Resident before each academic year. The final vacation schedule is approved by the Program Director.
• All non-vacation absences exceeding three working days must have the approval of colleagues in the affected call and rotation schedules, and must be approved by the senior resident (if applicable) on the affected rotation, and the attending (if applicable) in charge of the affected service. Final approval is granted by the Program Director or Department Chair.
• Non-vacation absence requests by residents who are not part of any regular daily service and/or call schedule (PGY-3 Research and Elective, PGY-1/2 U/S*, PGY-1 UHS*), may be submitted to the residency coordinator directly, and will be approved by the program director or chair.
• Conflicting vacation requests will be resolved giving preference to seniority.
• Absences may not be scheduled more than one year in advance.
Reasons for disapproval of any absence request will be communicated to the resident in writing.

Unused Vacation Time
Vacation time exists to be used and not "banked", but occasionally all allotted vacation time cannot be used during a given year. In that event, the resident may submit a written vacation carry over request (e-mail is ok) for approval by the Program Director. Vacation carry over may not exceed half of the annual allotment, and must be used up by January 1. Carry over vacation may be limited to no call rotations. Payment for accrued and unused vacation time will be granted upon termination up to a maximum of seven and one half working days. The weekend vacation allotment is not payable.

Holidays
Legal holidays are observed, but require clinical coverage like weekends. Observation of religious holidays varies from hospital to hospital. When scheduling demands do not preclude it, legal holidays are time off with pay as per the guidelines in the current U.W. Madison Staff Benefits publication. Residents of faiths other than the Christian one may request holiday time off in lieu of observed Christian holidays. Appropriate arrangements are to be made well in advance with the Program Director and the Chief Resident.

Resident Retreat
Leave is granted for the resident retreat in July.

Career Development Leave
A total of 5 work days are allowed off for interviews. If more time is needed, the resident must use vacation time. Time off must be requested as follows: Up to three working days require only approval by the attending physician with administrative duties for the affected rotation (this will usually be the division director). All affected residents must agree to cover, and the absence request must be communicated to the program coordinator (via e-mail). Absences in excess of three consecutive days or more than 5 days in aggregate must also be approved by the program director.

Professional Meetings
One week's absence may be granted per year for PGY 2-4. Additional leave may be requested if the resident is invited to present original work at a reputable professional meeting. Meeting requests should be submitted following the absence request procedure. Any missed call must be made up. Rotations that do not allow vacations also do not allow absences for meetings. (See Resident Learning Objectives)

Family Leave
UWHC will grant unpaid family leave (leave due to birth of a child, adoption or a serious health condition of a spouse, parent or child, which necessitates the Resident’s care) in compliance with state and federal laws (see medical leave section regarding paid medical leave after childbirth). In order to meet notice requirements, the resident must contact the GME Office as soon as possible after deciding that he/she intends to take family leave.

Medical Leave
There is no provision for regular paid sick leave for residents. The hospital will grant unpaid medical leave in compliance with applicable state and federal laws. Any medical leave of more than 3 days requires being cleared to return to work through UWHC Employee Health (UWHC Fitness for Duty: Health Service Clearance to Return to Work/Continue Work Policy# 9.22).

The Program Director may approve up to one week of paid medical leave per year if needed. For any leave exceeding one week, the resident and program must notify the GME Office and fill out the appropriate leave forms.

Paid medical leave will never exceed six months (at which time the hospital provided disability insurance will begin), and in some instances may not cover the entire length of absence. For any leave exceeding the initial week approved by the Program Director, the resident and program must notify the GME Office. In the event of a short-term disability (i.e. a temporary inability to work as a result of illness, injury, childbirth, etc), the hospital may grant paid leave for a “usual and customary” recovery period. Paid leave after childbirth shall be four weeks, unless the resident has continuing medical complications certified by her treating physician. All cases will be individually evaluated by the Senior Vice President for Medical
Affairs / Associate Dean for Hospital Affairs and the Program Director to determine disability, reasonable recovery period, follow-up requirements, and whether some portion of the leave will be paid.

**Sick Call Contacts by Service**

**Meriter OB**

**Junior Days:**
1) Call OB R4 (If R4 is on vacation, call R3OB)
2) During the week, low risk OB coverage will be by single intern with senior residents helping to ensure adequate coverage on the floor.
3) If the other junior resident is on vacation, page Gyn team to see if PGY2 is available. If PGY2 is not available, R3 and R4 will cover the service.

**Junior Night Float:**
1) One of the day OB interns will need to do a 24 hour shift receiving the next day as a post-call day.
2) If single JR day team, call float resident to cover night shift.
3) If float unavailable, call PGY1 clinics resident.

**Senior Days:**
1) If R4OB is sick, call R3OB. If it is a Monday, RCC for R3OB will be covered by RCC Chief for all patients that cannot be rescheduled and R3OB will remain on the floor.
2) If R3OB is sick, call R4OB. If it is a Wednesday, RCC for R4OB will be covered by RCC Chief for all patients that cannot be rescheduled.
3) If the other senior is on vacation, page Chief Resident. Float is first call. If Float is unavailable, page MH Gyn 4 to see if PGY3 is available.

**Night Float:**
1) Call OB R4. Either R3OB or R4OB will cover NF and take the following day as a post call day.
2) If one senior is on vacation, call Float Resident.
3) If Float unavailable, call MH Gyn 4 to see if MH Gyn 4 or MH Gyn 3 are available to cover and take the next day as a post call day.

**Weekend Call:** Page Chief Resident. Residents called will be based on call schedule.

**Meriter GYN**

R2-3: Call Gyn R4. Float to be called first for uncovered Major surgeries only. If minor surgeries, call OB Chief to see if intern is available.
R4: Notify R3; if only one senior on service (other on vacation, etc) and Major surgeries are going to be uncovered, page Float resident and notify Chief Resident.

**SMH**

OB: Page Chief Resident. Float will be first call, followed by PGY2 on clinics.
NF: Page Chief Resident. Float will be first call. If float unavailable, consider UWNF (if has been to SMH already) or PGY2 on Clinics.
GYN: Page Chief Resident. Float is first call. 2nd call is to see if MH Gyn service can spare a resident. 3rd call is RCC Chief.

**Weekend Call:** Page Chief Resident. Residents called will be based on call schedule.

**Gyn Onc**

R1-2 call senior R3/4. It will function as a two person service for that day.
If other junior resident is on vacation (i.e. leaving a one resident service), Float is first call. Second call is PG1 on Clinics.

Senior R3/R4: Page Chief Resident. Float is first call. Second call is RCC Chief.

**Weekend Call:** If junior, senior will take primary call; if senior, call fellow.
UWNF: Call Onc Senior R3/R4 (back up person will become primary)

Clinics 2-Call specified clinic; if Thursday, page Chief Resident.
1) Float will be first call.
2) If Float unavailable, SMOB 3 will stay at SMH and RCC Chief will see all SMOB 3 clinic patients that could not be rescheduled.

UHS/PP: Call clinic

REI: Call clinic; if surgeries to cover, page MH Gyn 4 to arrange coverage. If unable to cover via Gyn team, page Chief Resident.

UW GYN: Page Chief Resident. Float is first call.

U/S: Call Barb

TLC: Call senior resident on service

RCC: Call clinic and OB senior

*All absences must be reported to Rhonda as well!

Personal Leave
A resident may be granted a leave of absence without pay at the discretion of the Program Director. All unpaid leaves must be reported to the GME Office by the resident and program.

Bereavement Leave
In the event of the death of a resident’s spouse/partner, or the child, parent, grandparent, brother, sister, grandchild, (or spouse of any of them), of either the resident or his/her spouse, or any other person living in the resident’s household, the resident is granted time off with pay to attend the funeral and/or make arrangements necessitated by the death. However, time off with pay cannot exceed three (3) workdays. Reasonable additional time off without pay may be granted in accordance with religious or personal requirements and must be reported to the GME Office by the resident and program.

Military Leave
Residents may take time off for military service as required by federal and state statutes. The resident is required to provide advance documentation verifying the assignment and pay to the GME Office. UWHC will pay the excess of a resident's standard wages over military base pay for military leaves of three (3) to thirty (30) days to attend military schools and training. For residents who are recalled to active duty, UWHC will pay the difference between the resident’s wages and the active duty military pay for up to one year (average hospital pay over the past year minus military pay). For the first month of recall, UWHC will pay the difference between the resident’s base pay and hospital pay. For the next eleven months, UWHC will pay the difference between the resident’s total monthly military pay (limited to base pay, basic allowance for housing and basic allowance for subsistence) and the resident's hospital pay. If the resident’s active duty pay is more than his/her hospital pay, UWHC will not compensate any wages.

Jury Duty Leave
Residents may take time off without loss of pay during regularly scheduled hours of work for jury duty. However, when not impaneled for actual service, but instead on call, the Resident shall report back to work unless authorized otherwise by his/her Program Director. Residents needing time off for jury duty must provide advance notice to their Program Director and provide a copy of the jury summons.
UWHC: Refer to www.uwqme.org

ABOG
Time off for ANY reason will apply toward the ABOG requirement for the written board application. Please visit [www.abog.org](http://www.abog.org) for more information.

**Resident Book/Educational Fund Policy**

The purpose of the Resident Book/Educational Fund Policy is to provide guidelines about the period in which a resident should use their funds and to define what items a resident may obtain with these funds. Each resident has $800.00 to spend on text(s) or other educational materials any time during residency. Additionally during PGY-4, if a resident did not make use of meeting money, they may request up to $600.00 in reimbursement for the purchase of educational materials.

The purpose of the Book/Educational Funds was originally to assist residents with the cost of textbooks for use while in residency and during preparation for Board Examinations. Over the years, “learning materials” has evolved from simply books and journals to software and other on-line sources of information. Because “learning materials” has grown to encompass so much more, we believe it is necessary to be more specific about the definition of the term and to provide limits on acceptable items that may be obtained from the Book/Educational fund.

**Acceptable Purchased or Reimbursed Items**

- Books, journals, and other Ob/Gyn related periodicals
- Membership to professional organizations
- Academic related software
- Computers, laptops, and electronic devices
- Medical License fees

Residents should order textbooks through the Residency Coordinator. We get a discount from the University Bookstore, and do not pay tax on those purchases. Other items may be purchased by the resident and reimbursement requested.

**Period of Fund Use**

- The purchase of books, journals, other periodicals and software must be completed by June 1 of the PGY4 year.
- Computers, laptops, and electronic devices must be purchased before the beginning of the PG-4 year. Reimbursement requests should be submitted within one month of purchase.

Property purchased or reimbursed remains the property of the department for its useful life, as determined by the department.
### Acceptable Case List Abbreviations

<table>
<thead>
<tr>
<th>Ab</th>
<th>Abortion</th>
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>BS&amp;O</td>
<td>Bilateral salpingo-oophorectomy</td>
</tr>
<tr>
<td>CD</td>
<td>Cesarean Delivery</td>
</tr>
<tr>
<td>cm</td>
<td>Centimeter</td>
</tr>
<tr>
<td>D&amp;C</td>
<td>Dilation and curettage</td>
</tr>
<tr>
<td>D&amp;E</td>
<td>Dilation and evacuation</td>
</tr>
<tr>
<td>DHEAS</td>
<td>Dihydroepiandrosterone sulfate</td>
</tr>
<tr>
<td>E</td>
<td>Estrogen</td>
</tr>
<tr>
<td>FSH</td>
<td>Follicle stimulating hormone</td>
</tr>
<tr>
<td>gms</td>
<td>Grams</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>HRT</td>
<td>Hormone replacement therapy</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>Kg</td>
<td>Kilogram</td>
</tr>
<tr>
<td>PAP</td>
<td>Papanicolaou smear</td>
</tr>
<tr>
<td>PROM</td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>PTL</td>
<td>Preterm labor</td>
</tr>
<tr>
<td>SAB</td>
<td>Spontaneous abortion</td>
</tr>
<tr>
<td>SVD</td>
<td>Spontaneous vaginal delivery</td>
</tr>
<tr>
<td>T</td>
<td>Testosterone</td>
</tr>
<tr>
<td>TAH</td>
<td>Total abdominal hysterectomy</td>
</tr>
<tr>
<td>TSH</td>
<td>Thyroid stimulating hormone</td>
</tr>
<tr>
<td>TVH</td>
<td>Total vaginal hysterectomy</td>
</tr>
<tr>
<td>VBAC</td>
<td>Vaginal birth after cesarean</td>
</tr>
<tr>
<td>VIP</td>
<td>Voluntary interruption of pregnancy</td>
</tr>
</tbody>
</table>

### HIPPA and Medical Records

Please refer to the following web pages for information regarding the most current HIPPA and medical records practices: [UWHC HIPAA Resources](#), [UWMF HIPAA Resources](#) and [Medical Records](#).

### Interpersonal Skills/Patient Satisfaction

The physician-patient relationship is fundamental to providing effective healthcare. Physicians who build quality relationships with their patients are more likely to have satisfied patients. These physicians may also gain other unexpected dividends. For instance, there is evidence that patients tend to be more compliant with treatment plans when they share a quality relationship with their physician. Also, it has been found that patients who are treated respectfully are less likely to become plaintiffs in medical malpractice cases. Consider the following comments from Boston attorney Alice Burkin, who has represented malpractice clients for almost 20 years:

“I’d say the most important factor in many of our cases - besides negligence itself - is the quality of the doctor-patient relationship. People just don’t sue doctors they like. . . We’ve had people come in saying they want to sue some specialist, and we’ll say ‘We don’t think that doctor was negligent. We think it’s your primary care doctor who was at fault’ and the client will say, ‘I don’t care what she did. I love her, and I’m not suing her.’ The best way to avoid getting sued is to establish good relationships with your patients. The secret to creating those relationships is really very simple - it’s not rocket science. You have to treat your patients with respect. Take time to talk with them and, even more important, to listen.”

Researchers from Vanderbilt performed a six-year study in which they looked at complaints against 645 physicians. They found that 8% of these physicians generated over half of the malpractice suits. A follow-up study with 900 maternity patients found that doctors with high complaint and malpractice claim rates were characterized as rude, uncaring and inattentive, and failed to return phone calls. Treat your patients with respect and dignity because it is the professional thing to do.

### Tips for Better Relationships with your Patients

- Review the patient's chart *before* you enter the exam room.
- Address your patient by name.
- Sit down during the appointment.
- Focus on your patient. The appointment is important to them. Don’t take phone calls.
- Avoid the appearance of rushing the appointment. Don’t look at your watch.
- Ask about the patient's family, work, weight loss, or prior health.
- Maintain eye contact.
- Convey alertness, interest, and attentiveness. Use nonverbal cues such as nodding.
- Listen without interrupting to your patient's description of their problems and self-diagnosis.
- Ask them about their concerns.
- Rephrase what the patient says to indicate your understanding of his or her concerns.
- Speak in language they can understand. Avoid using jargon.
• Don’t talk about other patients you have seen that day.
• It’s OK to admit that you don’t know. Find the answer and get back to them in a timely manner.


Disciplinary Action, Appeals, and Grievances
The following three sections explain the policies and procedures of the Obstetrics and Gynecology Residency Program and UW Graduate Medical Education Office concerning discipline, appeals, and grievances.

Disciplinary Policies and Procedures
The Program Director and program faculty decide whether a resident is promoted to the next level of training. Promotion is based on a resident’s satisfactory completion of assigned rotations and satisfactory performance on the CREOG in-training exam. A resident who is not progressing through the program at the expected rate may be assigned to one of the following categories: remediation, warning, probation, suspension, termination or non-renewal of contract.

The categories of remediation and warning are internal processes (i.e. processed only through the Residency Program and the UWHC Graduate Medical Education Office) and are non-reportable to state boards and national data banks. Probation, suspension, and termination or non-renewal of contract are reportable actions. Residents will receive written notification of any disciplinary action.

Suspension
In the interests of patient safety a resident may be suspended at any time by the Program Director, Department Chair, or Senior Vice President of Medical Affairs.

• Suspension is effective immediately.
• Any suspension imposed by the Program Director or Department Chair must be reviewed by the Senior Vice President of Medical Affairs.
• Following a review, the Senior Vice President of Medical Affairs will notify the resident of the review decision in writing. The resident has two days from that point to submit mitigating information.
• The Senior Vice President of Medical Affairs will review any additional information and decide within five days whether to continue or end the summary suspension. The resident will receive a written notice of this decision, which will outline the resident’s appeal rights.

Termination or Non-renewal
If the residency program decides not to promote, re-appoint, or graduate a resident, the resident will be informed in writing with an explanation of their appeal rights. Notification of the decision must be given to the resident a minimum of 4 months prior to the end of the current appointment. However, in exceptional circumstances, shorter notice of non-renewal may be necessary.

Appeals of Resident Evaluation, Discipline, Non-renewal or Dismissal Decisions
Residents may appeal:
• a negative annual evaluation by the Program Director;
• a status change to warning, probation, suspension, or termination or non-renewal of contract.

The appeal policy of the UW Graduate Medical Education Office requires residents to exhaust the appeals process within their residency program before an institutional review is requested.

UW Ob-Gyn Internal Appeal Process:
1. A resident must complete and submit the appeal paperwork to the office of the department Chair within 10 days of notification of the negative evaluation or status change. Appeal paperwork is available from the Program Coordinator.

2. If the appeal is not filed within 10 days (not including weekends and holidays) the right to appeal is considered waived.

3. The Chair and one other faculty member (not the Program Director) review the appeal and may decide to uphold, reverse, alter the decision, or forward the appeal to the Residency Education Committee (REC). The resident will be informed of the decision in writing within 10 days of the appeal submission.

4. The REC decision must be made by a quorum of committee members with a simple majority vote and must be made within 10 days of the appeal’s receipt from the department Chair. The REC will notify the resident of its decision in writing.

5. Rejection of a resident appeal will explain the resident’s institutional appeal rights.

**Resident Grievances**

This section pertains to resident employment concerns and does not apply to academic or other disciplinary actions taken against the resident that could result in dismissal, non-renewal, non-promotion, or other actions that could threaten the resident’s career. Also, this process is not meant for allegations of discrimination based on sex, age, race, national origin or disability, which should be filed with the UWHC Human Resources Department. Examples of legitimate grievances include problems with the work environment, interactions with faculty or staff, and hospital policies or procedures.

Prior to submitting a grievance a resident may consider the following options to resolve conflicts:

The UW Graduate Medical Education Office supports the “Resident Confidential Complaint Hotline” (263-8013). Complaints are confidential and will be forwarded to the appropriate person(s) to address the issue.

The medical school provides an ombudsperson (265-9666) who is available to residents as a neutral, confidential resource for dealing with conflicts.

**Policies and Procedures for Filing a Grievance:**

1. Residents may not be penalized in any way for filing a grievance.
2. Departmental review and grievance processes must be completed before a resident may request an institutional review.
3. At any step of the process a resident may be accompanied by another member of the medical profession.
4. The resident completes and submits the grievance paperwork (available from the Program Coordinator) to the department Chair’s office.
5. The department Chair and at least one other faculty member will review the grievance and decide on a course of action within 10 days. The resident will be notified of that decision in writing.
6. If the resident is not satisfied with the department decision, he/she may file an appeal with the GME Appeals Committee within 10 days of the department’s written decision.

The GME Office has detailed procedures designed to provide residents with a full hearing of their grievance. A copy of these procedures is available to residents through the Residency Program Coordinator and UW GME office [www.uwgme.org](http://www.uwgme.org)
# Conferences and Presentations

## Teaching Conference Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Type</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7 am</td>
<td>Ob Sign-Out/PBL&amp;I &amp; Low Risk Ob Didactics</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>7 am</td>
<td>Gyn Didactics</td>
<td>Meriter Cafeteria</td>
</tr>
<tr>
<td></td>
<td>7:30 am</td>
<td>Gen Ob Didactics</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>12 noon</td>
<td>Couples Clinic/IVF Conference</td>
<td>GFC Conference Room</td>
</tr>
<tr>
<td></td>
<td>6:00 pm</td>
<td>Onc Teaching Rounds</td>
<td>UWH-Onc Team Room</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7 am</td>
<td>Ob Sign-Out/PBL&amp;I</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>7 am</td>
<td>Gyn Didactics</td>
<td>Meriter Cafeteria</td>
</tr>
<tr>
<td></td>
<td>7:30 am</td>
<td>Perinatal Conference</td>
<td>Meriter Hosp-Atrium</td>
</tr>
<tr>
<td></td>
<td>7:30 am</td>
<td>OB Education Conference (second Tuesday Of month)</td>
<td>SMH Bay 1</td>
</tr>
<tr>
<td></td>
<td>4:30 pm</td>
<td>Onc Professor Rounds</td>
<td>UWH-Onc Team Room</td>
</tr>
<tr>
<td>Wednesday</td>
<td>7 am</td>
<td>Ob Sign-Out/PBL&amp;I</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>7 am</td>
<td>Gyn Didactics</td>
<td>Meriter Cafeteria</td>
</tr>
<tr>
<td></td>
<td>7 am</td>
<td>Didactic Session (Shay)</td>
<td>SMH L&amp;D</td>
</tr>
<tr>
<td></td>
<td>7:30 am</td>
<td>MFM Didactics</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>12 noon</td>
<td>RCC High Risk Patient Conference</td>
<td>RCC-Meriter</td>
</tr>
<tr>
<td>Thursday</td>
<td>7 am</td>
<td>Morbidity &amp; Mortality Conf*/Resident Meetings</td>
<td>Bolz Auditorium</td>
</tr>
<tr>
<td></td>
<td>8 am</td>
<td>Grand Rounds*/Journal Club</td>
<td>Bolz Auditorium</td>
</tr>
<tr>
<td></td>
<td>9 am</td>
<td>Resident Didactic Series *</td>
<td>Bolz Auditorium</td>
</tr>
<tr>
<td></td>
<td>10 am</td>
<td>Simulation Lab</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td>Friday</td>
<td>7 am</td>
<td>Ob Sign-Out/PBL&amp;I</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>7 am</td>
<td>Gyn Didactics</td>
<td>Meriter Cafeteria</td>
</tr>
<tr>
<td></td>
<td>7:30 am</td>
<td>Tracing Rounds</td>
<td>Meriter 5-E Sim Lab</td>
</tr>
<tr>
<td></td>
<td>12 noon</td>
<td>UHS Didactics</td>
<td>UHS</td>
</tr>
</tbody>
</table>

Grand Rounds are held at Meriter Hospital and UW Hospital & Clinics, September – May. Morbidity and Mortality Conferences are held throughout the year.

Please reference the department intranet for the most up-to-date conference schedules: [know.obgyn.wisc.edu](http://know.obgyn.wisc.edu)

## Presentations

### Grand Rounds
Sometime during the PGY-4 year, each resident will be asked to present the Departmental Grand Rounds. Typically, topics have been clinical, addressing issues of interest or controversy, but basic research based presentations, or topics dealing with adult education are also options. We encourage identification of a faculty mentor for the talk.
Presentations should be carefully prepared and based on an exhaustive review of the current literature. AV materials should be legible. Power point presentations are encouraged.

Presentations should be about 45 minutes in duration. Handouts are optional, but a list of selected references should be available for distribution.

**Journal Club Preparation**

Each PGY3 resident will lead Journal Club sometime during the academic year (Sept – May).

Dr. Cynthie Anderson is the faculty supervisor.

**Preparation:**

1) Two weeks prior to the Journal Club date, email us 2-3 articles that you would like to discuss. Please ATTACH the PDF files to the email, do not just include a link to the article. In the body of the email, please mention what research methodology or statistical method used in the articles that you would like to discuss. This will allow us to select an appropriate Grimes chapter to accompany the chosen article. The articles should be about something you are interested in, but please make your choices with the guidance of your mentors/senior residents.

2) We will help you decide on one of the article and select a Grimes chapter that is relevant.

3) At least one week prior to the Journal Club date, please send a list of questions that you think are interesting about the article that you will be presenting, to be used when we break into small groups.

4) Within the week leading up to Journal Club, either via email or in person, one or both of us will discuss the article with you and help you finalize your questions.

5) On the day of journal club, you will run the journal club session (introduce why you chose it, choose someone to give a 5 minute summary, introduce your questions, help people in small groups to get at the issues, and run the discussion after we regroup). We will be there to help you

**Tips for Preparing a Didactic Presentation**

- When you are asked to select a topic or area of interest, a faculty member will then be available to assist you in topic selection, pertinent references, and points to be emphasized during the early stages of formulating the talk.
- Prepare visual aids designed to clarify and emphasize critical concepts (see below).
- Conduct an exhaustive review of recent and classical literature regarding the topic.
- Organize your presentation so that a listener will be apprised of significant principles as well as supporting data.
- Emphasize physiological and pathophysiological principles whenever possible.
- Rehearse your presentation.
- Limit the presentation to no more than 45 minutes to allow for adequate discussion.
- No more than one slide per minute should be planned. LESS IS MORE!
- Discuss the prepared presentation with your advisor so he/she will know what material has been selected and can make final suggestions.
- Prepare a selected bibliography; the Education Administrative Assistant will type and copy, if and only if, material is turned in five business days before Grand Rounds presentation.
- Rehearse the presentation again--reorganize to provide continuity and appropriate emphasis.
- Arrive early enough to have slides and visual aids ready for presentation.

**Presentation Resources**

“Stop Annoying Your Audience” - by Peter de Jager

[Presentation Technology] - UW-Madison DoIT Academic Technology