Residency Training Program Manual

Updated: May 2009

Department of Obstetrics & Gynecology
University of Alberta
The Residency Training Program Manual has been created under the guidance of the Program Director, incorporates input from residents currently in the program, and includes useful appendices attached for quick and easy reference.

Please note, as revisions to the manual occur, you may view the most current version on the Department of Obstetrics & Gynecology website: http://www.obgyn.med.ualberta.ca
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A. INTRODUCTION / OVERVIEW

1. Contact Information
(see Appendix I for more contact information)

Program Director: Dr. Sue Chandra (780) 735-4812 sue.chandra@capitalhealth.ca
Education Administrator: Elaine Patton (780) 735-4806 elaine.patton@capitalhealth.ca
PGY I Coordinator: Dr. Peggy Sagle (780) 735-4911 msagle@ualberta.ca
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2. Mission Statement

The Residency Training Program of the Department of Obstetrics & Gynecology, University of Alberta, is committed to providing quality specialist training through leadership and scholarship in education, clinical care, and research.

3. Introduction

The Residency Training Program at the Department of Obstetrics and Gynecology, University of Alberta, is centered at the Royal Alexandra Hospital (RAH) in Edmonton; the tertiary referral center for Northern Alberta, British Columbia, and the Northwest Territories. Residents also spend time at two community hospitals in the Edmonton area; the Grey Nuns Community Hospital and the Sturgeon Community Hospital. Outpatient clinical experience is enhanced by participation at the North East Community Health Centre.

Four months of protected elective time can be arranged outside of Edmonton. Residents have traveled nationally and within Alberta to Grand Prairie and Red Deer. Partial funding is available through the Rural & Regional Health Office for Alberta electives. Some of our residents have traveled internationally, including to Africa.

There are 26 funded residency positions (6 per year); presently there are 26 residents in the program. Current university faculty includes: 5 perinatologists, 3 gynecologic oncologists, 3 reproductive endocrinologists, 2 urogynecologists, and 4 basic scientists. The ratio of faculty to residents is 2:1.

Computers with internet access are available in the call rooms and throughout the hospitals.

4. Program Structure

PGY-I All PGY-I residents participate in the PGY-I Core Surgical Training Program at the University of Alberta. All surgical specialties participate in this core year which includes:
- Obstetrics & Gynecology - 12 weeks (at the RAH)
- General Surgery - 12 weeks
- Emergency - 8 weeks
- Internal Medicine - 8 weeks
- CCU - 4 weeks
- NICU - 4 weeks
- **Vacation - 4 weeks**

PGY-1 Residents attend the core surgery academic half-days as well as the Ob/Gyn academic half days. Residents have the option of sitting the Principles of Surgery (POS) exam in PGY-3 year.

PGY-II  
The PGY-II year is a "core" year in General Obstetrics and Gynecology. Residents spend 10 months at the Royal Alexandra Hospital, and 2 at the Grey Nuns Hospital. By the end of the year they will be comfortable with the performance of simple hysterectomies, cesarean sections and minor laparoscopic surgeries.

PGY-III  
The PGY-III year involves a 3 month block of Perinatology and a 3 month block of Reproductive Endocrinology and Infertility (REI). One month is spent in ICU. Two months are electives. In the past residents have chosen electives in Ultrasound, Office/Ambulatory, Genetics, Infectious Disease, Pediatric Gynecology, Urology and General Surgery, as well as rural, Yellowknife, and distant electives. Three months are spent in core Ob/Gyn at a community hospital.

PGY-IV  
The PGY-IV year introduces the resident to more advanced pelvic surgery. Mandatory rotations are in Gynecologic Oncology (3 months) and Urogynecology (2 months) and 2 months are elective time. In the last 3 months, residents start their 12 months as Chief Resident.

PGY-V  
For 9 months of this year the residents rotate as the Chief Resident. The resident essentially acts as a junior consultant under supervision. They are involved in all the high-risk obstetrical cases including twins, breeches and cesarean hysterectomies. The last 3 months are spent in office clinics with a light call schedule. This allows for final preparation for the Royal College exams. Our residents have an excellent record of success in their exams.

**B. CaRMS APPLICATION PROCESS**

1. **Personal Letter**

All applicants are required to submit a personal letter detailing their reasons for a career choice in Obstetrics and Gynecology. Elective experience in the specialty should be described, as well as any experience in basic science or clinical research. Interests outside of medicine should be included.

2. **Reference Letters**

Of the 3 required reference letters, at least two should be from Obstetrician/Gynecologists that the applicant has worked with. References from senior (PGY-IV or V) residents are welcome as it is usually the residents who work closely with the medical students. Late references will be accepted until the end of December.

3. **Interviews**

Applications are reviewed by the Program Director and Selection Subcommittee, and invitations to interview are mailed to selected candidates. Interviews are held in January. Telephone interviews may be considered but are not optimal. Telehealth (video-conference) interviews are also available but not preferred. The interview is conducted by 2 teams of 1 or 2 interviewers and lasts approximately 30 minutes. The format is relaxed and non-intimidating. In addition, the Program Director will attempt to meet with each candidate. All potential residents will have an informal opportunity to meet with other residents in the program.
4. Selection Criteria

- Acceptable academic record with proficiency in Obstetrics and Gynecology.
- Three letters of reference, 2 from Obstetrician/Gynecologists with whom applicant has worked during clinical rotations or electives.
- Personal letter detailing interest in Obstetrics and Gynecology.
- Awareness of women's health care issues.
- Excellent communication and interpersonal skills.
- Interests outside of medicine.

C. CanMEDS

1. Introduction

Medicine has a solemn covenant to serve society. The mission of the Royal College, which includes promoting "the highest possible standard of specialist medical care for the people of Canada," reflects its commitment to uphold this covenant. In this regard, the CanMEDS 2000 project was commissioned to examine Canadian societal health care needs and to assess their implications for postgraduate specialty training programs.

As an initiative of the Health and Public Policy Committee of the Royal College of Physicians and Surgeons of Canada, the CanMEDS 2000 project was established in 1993 under the chair of Dr. John Wade. The overall goal of this project, currently chaired by Dr. John Seely, has been to ensure that postgraduate specialty training programs are fully responsive to societal needs. The project thus embodies two fundamental concepts:

- changing the focus of specialty training from the interests and abilities of providers (supply) to the needs of society (demand), and
- orienting these programs to consider the needs of individual patients in context of the population at large.

These are two relatively simple and widely accepted concepts, yet profound in their implications for change.

(Excerpt from Annals Royal College of Physicians and Surgeons of Canada 1996;29:206-216.)

2. CanMEDS Objectives: (please see Appendix ii)

D. Rotations / Descriptions / Objectives & Reading Lists

1. Junior Resident / Royal Alexandra Hospital (PGY-II)

This rotation is a Junior Resident Obstetrics and Gynecology rotation based out of the Royal Alexandra Hospital. Generally, the team consists of: 4 PGY-II’s, 2 Chiefs/PGY-V’s, PGY-I’s (Ob/Gyn, Emergency Medicine, Radiology, etc) and medical students. The team is responsible for the Gynecology ward, Gynecology emergency consults and Gynecology surgery, the Caseroom, Antepartum and Postpartum wards. The daily and call schedules are determined by the Chief Residents. PGY-II’s generally cover
2. **Longitudinal Ambulatory (PGY-II)**
   A rotation structured to provide continuity of care in the office setting. The Resident is assigned a preceptor for the year. The rotation involves ambulatory (office) experience 2 afternoons a month (every second week). Residents do general Ob/Gyn call during this rotation.

3. **Reproductive Endocrinology and Infertility (PGY-III)**
   The REI rotation is a 3 month rotation with the Fertility Clinic at the RAH. Residents are responsible for covering the Fertility Clinics and OR's. Residents are expected to arrive in the mornings at the Fertility Clinic for the ultrasounds and IUI's which are done before clinic begins. Residents can go to the Fertility Clinic in Calgary for a 2 week selective during this rotation for experience in IVF. Residents do general Ob/Gyn call during this rotation.
   (See Appendix iv for Objectives/Reading List)

4. **Maternal-Fetal Medicine (PGY-III)**
   The MFM rotation is a 3 month rotation at the Perinatal Clinic at the RAH. Each day, residents will participate in ultrasounds and consultations in the Perinatal Clinic. Residents are also responsible for following patients on the Antepartum floor who have had a perinatal consult. Residents also participate in the multidisciplinary rounds and obstetrical medicine every Monday afternoon. Residents are generally asked to present 1-2 Perinatal Rounds during their rotation. Residents do general Ob/Gyn call during this rotation.
   (See Appendix v for Objectives/Reading List)

5. **Gynecologic Oncology (PGY-III or IV)**
   This is a 3 month senior rotation with excellent surgical exposure. Residents are also expected to attend chemotherapy clinics, pathology rounds and interdisciplinary new patient clinics. There is opportunity to do Colposcopy on this rotation, including some surgical procedures. Part of this rotation is based at the Cross Cancer Institute. Residents are expected to do general Ob/Gyn call while on this rotation.
   (See Appendix vi for Objectives/Reading List)

6. **Urogynecology (PGY-IV)**
   This is a 2 month rotation. Residents are responsible for covering all of the Urogynecology OR's, and clinics when not in the OR, and managing the Urogynecology inpatient service. Rounds are held once a week where residents are often asked to present a case or a topic. Residents do general Ob/Gyn call during this rotation.
   (See Appendix vii for Objectives/Reading List)

7. **Intensive Care Unit (PGY-III / IV)**
   This is a 1 month rotation, often done at the RAH ICU. This is scheduled through the ICU office. Residents will generally do 7-8 ICU calls in this month.
   (Objectives/Reading list not yet available)

8. **Office / Ambulatory (PGY-III)**
   This 1 month rotation is office-based with one of the general Ob/Gyns. Residents are responsible for organizing this
rotation themselves, which can be scheduled with an individual physician or with a physician group. Residents should attend their office practice each day. Hospital rounds are at the discretion of the supervising physician. Residents should not attend their physician’s OR, since this takes away from the experience of the Junior Residents on hospital rotations. Residents do general Ob/Gyn call during the mandatory (not elective) office rotation. (See Appendix ix for Objectives/Reading List)

9. **Laparoscopy (PGY-III / IV)**
   
   This is a 1 month rotation based with Dr. Terry Unger at the Sturgeon Community Hospital. Residents are responsible for contacting Dr. Unger to schedule their rotation. This month is spent in Dr. Unger’s OR’s and at his office practice. Residents are also responsible for rounding on Dr. Unger’s patients post-operatively. Residents do general Ob/Gyn call one weekend with one of the generalists in the hospital.  
   *(Objectives/Reading list not yet available)*

10. **Senior Ambulatory**
    
    This is a 3 month rotation during the chief year. Residents are responsible for scheduling their own rotations for this block. This may include Office, Colposcopy, Ultrasound, etc. The resident takes Chief call at the RAH during this time.  
    *(See Appendix xi for Objectives/Reading List)*

11. **Chief Resident / Royal Alexandra Hospital**
    
    This is a 6 month rotation which is done at the RAH. Chief Residents are responsible for running the Obstetrics and Gynecology services, as well as daily scheduling of the Junior Residents. Residents take Chief call at the RAH during this time.  
    *(See Appendix xii for Objectives/Reading List)*

12. **Chief Resident / Grey Nuns Community Hospital**
    
    This is a 3 month rotation. Chief Residents are responsible for running the Obstetrics and Gynecology services as well as daily scheduling of the Junior Residents. Residents take Chief call at the GNH, which may be in-house or home call.  
    *(Objectives/Reading list same as for Chief Resident/RAH)*

### E. Electives

1. **Overview**

   Between PGY-III and PGY-IV, there are 8 blocks of elective time. Within those 8 blocks, the resident is responsible for scheduling their ICU block, Office/Ambulatory block, and the Laparoscopy block. The remaining 5 blocks are open and call free.

   Examples of electives that residents have done in these 5 blocks are: Colposcopy, Office, Ultrasound, and General Surgery. Residents are responsible for scheduling these electives and arranging a supervisor themselves. Electives can also be done out of town or out of country. Recent residents have done international electives. All electives must be pre-approved by the Program Director.

   When electives are scheduled, information regarding the elective including the dates and the name and address of your supervisor should be sent to the Program Director and the Education Administrator (Elaine Patton). Please keep in mind, when scheduling an elective out of province you will usually need...
to contact the postgraduate office of the school you will be visiting, the College of Physicians and Surgeons of that province, and inform CMPA that you will be in a different province for those dates. For electives out of the country, you may need to look into working visas or other special requirements as well.

2. Listing of Electives

For a current listing for some of the available electives, please visit the website: [http://www.obgyn.ca/residents/academics.html](http://www.obgyn.ca/residents/academics.html).

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F. ACADEMIC ACTIVITIES

1. Academic Half-Day

All residents have protected time every Wednesday afternoon (1300-1700) where they are excused from clinical work. All sessions are faculty supervised. These include formal courses in:

- Anatomy (hands-on dissection based)
- Teaching
- Medical ethics
- MIS skills lab
- Health Advocacy
- Pig lab (animal lab)
- Critical appraisal of the literature

Other sessions are topic-based and cover all required subjects as per the RCPSC specialty requirements for Obstetrics & Gynecology. The Academic Half-Day schedule may be viewed on-line at: [http://www.obgyn.med.ualberta.ca/residents/07_08_sch.html](http://www.obgyn.med.ualberta.ca/residents/07_08_sch.html).

2. Journal Club

Held monthly, from September to June, Journal Clubs focus on an evidence-based review of the literature. Meetings are held at various faculty member’s houses on a rotating basis and dinner is provided. Faculty are encouraged to attend. A statistician is available to assist residents and attends Journal Club as available.

3. Rounds

Weekly academic rounds are hospital-based (see tables below) and are coordinated by the Department Chair and Chief Residents. Visit the Department Calendar [http://www.obgyn.med.ualberta.ca/news.html](http://www.obgyn.med.ualberta.ca/news.html) to view details of upcoming Department Rounds. Informal case-based discussions with staff and Chief Residents also occur.

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4. Exams

Twice-yearly, OSCE and short answer question exams mimicking the Royal College exams are held. In the final year Chief Residents have “practice oral exams” 1 - 2 times per week.

5. Evaluations

a. Residents are required to submit a semiannual report (found in the ‘forms cabinet’) to the Director of the Residency Training Program (Appendix xx) in June and December. Twice yearly (or more often), ‘fireside chats’ occur with the Program Director to provide residents with feedback. Residents are also evaluated following each rotation.

b. Residents are also expected to provide the following evaluations (found in the ‘forms cabinet’) after completing each rotation:
   i. A rotation evaluation (Appendix xviii)
   ii. A faculty teaching feedback form (Appendix xix)

6. Resident Training Committee (RTC)

The role of the RTC is to assist the Program Director in the planning, organization, and supervision of the residency program. The Committee includes a resident-representative from each year. The Committee meets regularly (once per month) on the third Monday of the month from September to June. Minutes for each meeting are recorded and kept on file.

7. Annual Retreat

A resident retreat is scheduled annually for residents and staff. Attendance for residents is mandatory and physician extenders cover the call for the hospital this weekend. The retreat includes visiting speakers and presentations centered around a Canmeds theme. Retreat locations vary year to year and residents, staff and their families have time to relax and socialize.

8. Department Research Day

The Department Research Day is an annual event that takes place in early May. It involves a day of research presentations (basic science and clinical research studies) given by the residents and graduate students of the Department, with academic and clinical faculty and staff in attendance. The presentations are judged and awards are presented at the evening banquet. A J. Ross Vant visiting speaker is invited to Research Day. This guest spends informal time with the residents and grad students at the Peter Mitchell breakfast and a formal presentation is given to all attendees in the afternoon.

G. Professional Development

1. Required Course Work
The following courses are mandatory and included in and organized by the core residency training program:

a. **Advanced Trauma Life Support (ATLS)**
   This is a required course for all PGY I residents. It is generally scheduled during the first few months of PGY I year by the core surgery office. It is a 2 day course, and the manual should be read prior to the class.

b. **Advanced Cardiopulmonary Life Support (ACLS)**
   This course should be done and kept up to date by all residents. It is a 2 day course, and the manual should be read prior to the class.

c. **Neonatal Resuscitation Course (NRC)**
   This is a mandatory course for all PGY I residents. It is generally organized for all PGY I residents in the first few months of PGY I year. This is a 1 day course, and the manual should be read prior to class.

d. **Pediatrics Advanced Life Support (PALS)**
   This is a mandatory 1-day course for all PGY I residents, and the manual should be read prior to class.

2. **Department Education Fund**
   The Department of OB/GYN will provide conference and scholarship support to residents as outlined in the Resident Travel and Professional Development Policy (see 'Forms Cabinet' on the Department website at: [http://www.obgyn.med.ualberta.ca/residents/academics.html#forms](http://www.obgyn.med.ualberta.ca/residents/academics.html#forms))
   Residents are required to apply for funding as per policy guidelines and using the Resident Travel and Professional Development Request Form, also available in the forms cabinet. The following are some examples of courses the department may approve:

a. **Women & Children’s Health Research Institute (WCHRI) Research Course**
   A five day research course is held annually in September, coordinated between the Department of Obstetrics & Gynecology and the Department of Pediatrics at the University of Alberta. All residents in the program are expected to attend in their PGY-2 year. The research course covers basic statistics, epidemiology, setting up research projects and presentation skills.

b. **Advances in Labour and Risk Management (ALARM)**
   ALARM is a program offered by the Society of Obstetricians and Gynecologists of Canada (SOGC). This 2 day comprehensive, hands-on course is tailored to review, update and maintain competence in Obstetrics for the specialists, the midwives, the family physicians and the nurses by improving the outcome and process of intra-partum and immediate postpartum care. The course is offered in different cities across the country throughout the year. For more information please see their website at: [http://www.sogc.org](http://www.sogc.org)

c. **Managing Obstetrical Risk Efficiently (MORE)**
   MORE© is a continuous patient safety improvement program for physicians, midwives and nurses. It is provided within the hospital setting over a 3-year cycle and focuses on promoting a patient safety culture within the obstetrical environment. The program draws heavily from the work of psychologists and industry and uses a systems approach to identify cause. MORE© assists the multidisciplinary obstetrical care team to identify gaps or holes in the complex defense systems of the hospital environment. This is accomplished by applying risk management principles and organizational theory to manage the clinical challenges present in the multifaceted, technical environment of the
H. Research

1. Introduction

Residents in the Obstetrics and Gynecology program at the University of Alberta are required to complete some original research as part of their core training. There are 2 different streams for resident research as outlined in the research manual. Academic and clinical faculty are very supportive of residents’ research choices and are happy to preceptor projects in the tertiary and community centres. There have been several excellent projects completed; many residents have also won awards at the national and international level for their work. Details of research requirements are outlined in the resident research manual. Any questions may be directed to the office of Dr. Jane Schulz, Resident Research Coordinator.

2. Resident Research Manual (see Appendix xiii)

I. Policies

1. Call requirements (appendix xiv)
2. Travel and Professional Development Guidelines and Application Form (appendix xv)
3. PARA (for Christmas holidays etc. – check PARA website for current dates)
4. RCPSC Policy on Accreditation and the Issue of Intimidation and Harassment in Postgraduate Medical Education. Guidelines for Surveyors and Programs (appendix xvi)
5. Holiday Policy:
   All PGY II-PGY V residents are given 4 weeks of holidays per year. Holidays for July 1 to December 31 must be requested by June 1st. Holidays taken from January 1 - June 30th must be requested by December 1st of the preceding year. Holidays must be approved by the chief resident at the appropriate hospital site as well as the Program Director. The Holiday Request Form is available in the Forms Cabinet on the website at: http://www.obgyn.med.ualberta.ca/residents/academics.html#forms