

**QUEEN'S OB/GYN**  
**RESIDENT HANDBOOK**  
**2011-2012**

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\*found on PG website or Res Library binder

## **IMPORTANT PHONE NUMBERS**

<b>2315</b>	<b>Connell 5</b>
<b>3613</b>	<b>Resident Library</b>
<b>4103</b>	<b>Resident Sleep Room</b>
<b>4460</b>	<b>Staff Sleep Room</b>
<b>2316/4265</b>	<b>Davies 5</b>
<b>2317/4141</b>	<b>Kidd 5</b>
<b>3239</b>	<b>FAPC 5 – main desk</b>
<b>1353</b>	<b>CIU – Clinical Investigation Unit</b>
<b>1385</b>	<b>FAU</b>
<b>2423</b>	<b>Women’s Clinic - Corinne</b>
<b>2335</b>	<b>ER – main number</b>
<b>3740</b>	<b>ER –section B (gyne area)</b>
<b>4013</b>	<b>Medical Records (Debbie Kenney)</b>
<b>1223</b>	<b>Admitting</b>
<b>7820/4195</b>	<b>OR – main number</b>
<b>3305</b>	<b>OR “E”</b>
<b>3306</b>	<b>OR “F”</b>
<b>4911</b>	<b>Jennifer Purvis</b>
<b>533-6523</b>	<b>Phil Hahn</b>
<b>533-2543</b>	<b>Queen’s Postgraduate Office</b>

## **STAFF DICTATION NUMBERS**

<b>Bryson</b>	<b>518</b>
<b>Chamberlain</b>	<b>2747</b>
<b>Davies</b>	<b>4883</b>
<b>Finkenzeller</b>	<b>15983</b>
<b>Francis</b>	<b>22003</b>
<b>Harvey</b>	<b>12492</b>
<b>Jamieson</b>	<b>2808</b>
<b>Jeffrey</b>	<b>508</b>
<b>Johnston</b>	<b>2809</b>
<b>McGrath</b>	<b>507</b>
<b>Nitsch</b>	<b>25912</b>
<b>O’Neill</b>	<b>3505</b>
<b>Reid</b>	<b>491</b>
<b>Smith</b>	<b>2893</b>
<b>Tessier</b>	<b>4090</b>
<b>Thomas</b>	<b>15409</b>

## **IMPORTANT DATES 2011-2012**

### **2011**

<b>July 1</b>	<b>Friday</b>	<b>Canada Day (stat holiday)</b>
<b>August 1</b>	<b>Monday</b>	<b>Civic Holiday (stat holiday)</b>
<b>September 5</b>	<b>Monday</b>	<b>Labour Day (stat holiday)</b>
<b>September 8</b>	<b>Thursday</b>	<b>start of Academic Half Days</b>
<b>September 15</b>	<b>Thursday</b>	<b>Postgrad OSCE for PGY2s</b>
<b>September 28-30</b>	<b>Thursday/Friday</b>	<b>Rosh Hashanah</b>
<b>October 4</b>	<b>Tuesday</b>	<b>Royal College Review of Program</b>
<b>October 7-8</b>	<b>Saturday</b>	<b>Yom Kippur</b>
<b>October 10</b>	<b>Monday</b>	<b>Thanksgiving (stat holiday)</b>
<b>October 22, 23</b>	<b>Saturday, Sunday</b>	<b>LMCC Part II</b>
<b>October 27-28</b>	<b>Thurs + Friday</b>	<b>Ob/Gyn Memorial Program</b>
<b>November 3</b>	<b>Thursday</b>	<b>APOG MCQ examination (PGY 3-5)</b>
<b>November 21</b>	<b>Monday</b>	<b>Hospital Holiday</b>
<b>November 23</b>	<b>Wednesday</b>	<b>Queen's PGY1 Research Skills Course</b>
<b>Dec 1-3</b>	<b>Thurs-Saturday</b>	<b>SOGC/APOG (Toronto)</b>
<b>Dec 3-4</b>	<b>Saturday + Sunday</b>	<b>Resident Research Intro Course</b>
<b>December 15</b>	<b>Thursday</b>	<b>Staff evaluations by residents Holiday Rounds (PGY 2s to arrange)</b>
<b>December 20-28</b>	<b>Tuesday-</b>	<b>Hanukah</b>
<b>December 25</b>	<b>Sunday</b>	<b>Christmas (stat holiday)</b>
<b>December 26</b>	<b>Monday</b>	<b>Boxing Day (stat holiday)</b>
<b>December 27</b>	<b>Tuesday</b>	<b>Hospital lieu holiday</b>
<b>December 28</b>	<b>Wednesday</b>	<b>Hospital lieu holiday</b>
<b>December 23-27 or Dec 29 – Jan 2, 2012</b>		<b>Postgrad Office Holiday periods</b>

## **2012**

<b>January 1</b>	<b>Sunday</b>	<b>New Years Day (stat holiday)</b>
<b>January 2</b>	<b>Monday</b>	<b>Hospital lieu holiday</b>
<b>?</b>		<b>Career Night/Open House</b>
<b>January 19, 20 or 21</b>		<b>CREOG exam (PGY-5s)</b>
<b>February 1-3</b>	<b>Wed-Fri.</b>	<b>CaRMS Interview Dates</b>
<b>February 20</b>	<b>Monday</b>	<b>Family Day (stat holiday)</b>
<b>?</b>	<b>Thurs-Sunday</b>	<b>Making a Mark (PGY-5)</b>
<b>March 3-11</b>	<b>week</b>	<b>March Break</b>
<b>March 06</b>	<b>Tuesday</b>	<b>CaRMS Match Day</b>
<b>March 30</b>	<b>Friday</b>	<b>J A Low Research Day</b>
<b>April 3, 4</b>	<b>Tues, Wed.</b>	<b>PGY5 Royal College MCQ (Kingston)</b>
<b>April 06</b>	<b>Friday</b>	<b>Good Friday (stat holiday)</b>
<b>April 7-</b>	<b>Monday/Tuesday</b>	<b>Passover</b>
<b>April 09</b>	<b>Monday</b>	<b>Easter Monday (hospital holiday)</b>
<b>April 16</b>	<b>Monday</b>	<b>Department OSCE: PGY2-PGY5</b>
<b>May 21</b>	<b>Monday</b>	<b>Victoria Day (stat holiday)</b>
<b>May 23</b>	<b>Wednesday</b>	<b>Royal College OSCE (Ottawa)</b>
<b>May ?</b>		<b>Resident Wellness ½ Day - PAIRO</b>
<b>May 31</b>	<b>Thursday</b>	<b>Staff &amp; Rotation evaluations by residents</b>
<b>June ?</b>	<b>Thursday</b>	<b>Annual Resident Retreat</b>
<b>June ?</b>	<b>Friday</b>	<b>Annual Resident Party</b>
<b>June 20-24</b>	<b>Wed to Sun</b>	<b>SOGC ACM – Ottawa</b>

## **ROTATION SPECIFIC RESPONSIBILITIES**

### **PGY-I**

**NOTE:** *During this year, your Grand Rounds presentations MUST be on a topic related to the Core session that follows it. Discuss the topic and plan the presentation with the Attending Staff who is assigned to do the Core Teaching session on the date you are assigned Grand Rounds.*

### **JUNIOR OBSTETRICS – 4 -5 blocks**

- Initially, all responsibilities will be under the direct supervision of the senior OB resident or attending staff with increasing levels of independence
- Management of admitted obstetric patients (>20weeks, <20 weeks are admitted to gynecology) both delivered and undelivered
- Daily running of labour and delivery, including assessments, triage, admissions, labour management, caesarian sections, deliveries etc.
- Graduated operative responsibility and corresponding OR dictations
- Graduated responsibilities for discharge summaries, shared with senior OB resident
- Daily rounding and identifying priority for patients in the morning: critical patients, labouring patients, inductions, discharges, all others
- Call includes coverage of obstetrics, gynecology and gynecologic oncology patients, as well as emergency department consults and overnight ORs
- The obstetrics service is responsible for admitting all inductions before going home in the evening
- At the midpoint of the rotation, you will be expected to complete all MOREob drills with either the senior resident or an attending staff person
- At the end of your rotation, you will need to “pass” the MOREob drills
- Only one week of vacation or conference time may be taken off during the rotation and only in the last two months of the rotation. Holidays/conference may not be taken during the first three blocks months of the rotation (unless there are specific extenuating circumstances) so that your skills and knowledge can be consolidated before you are on call on your own.
- CALL: You will be on buddy-call for the first 3 blocks of the rotation with a PGY 4 or 5. If skills are deemed adequate then you will be doing OB/Gyn call on your own thereafter with an Attending Staff in house.
- TEACHING: You are expected to attend all teaching (except gyne onc rounds)
- *Required Reading:*
  1. the Junior OB Reading List – You are expected to complete one section every one-two weeks, and then review it with the Attending staff covering the residents at the end of Academic Half Day. The Staff needs to sign off that the review was done satisfactorily, and the completed reading list given to the Program Director at completion of the rotation.
  2. All MOREob chapters (available online)
  3. Essential Management of Obstetrical Emergencies T. Baskett

### **AMBULATORY CLINICS – 2 blocks**

- Most am clinics start at 8:30, pm clinics start at 13:00
- All clinics are on FAPC 5, except for the pediatric gynecology clinic at the COPC (HDH) and the teen OB clinics and terminations in the women’s clinic (Dietary 1, KGH)
- While on clinic rotation, you may select any clinic, unless it is already occupied by a resident on a subspecialty rotation or more senior resident. Ideally, you should attend the general OB/Gyn clinics.

- Expectations: 10 clinics a week
- CALL: OB/Gyn call - unless you have not yet completed your obstetrics rotation
- TEACHING: You are expected to attend all postgraduate teaching AND as well all Clerk Seminars when you are on this rotation.

### **NICU – 1-2 blocks**

- Look into doing the neonatal resuscitation program (NRP) course *before* starting your rotation (ask Dr. Connelly for upcoming start dates or ask Jennifer Purvis about planned group NRP sessions)
- CALL: you will be doing NICU call
- TEACHING: You may be able to attend NICU teaching, or negotiate attending OB/GYN ½ day teaching (Thursday am)

### **ANESTHESIA – 1 block**

- You will be assigned (by Anesthesia staff) to spend your days in the OR, not necessarily in the gyne OR's, and not necessarily on the Labor and Delivery floor
- Make every attempt to see and do as many epidurals and intubations as possible
- CALL: While on this rotation, you will do Ob/Gyn call (unless you have not yet completed your obstetrics rotation)
- TEACHING: You usually attend anesthesia teaching, and may be able to occasionally attend Ob/GYN ½ day (Thursday am)

### **INTERNAL MEDICINE – 2 blocks**

- CALL: You do internal medicine call while on this rotation
- TEACHING: As negotiated between the departments of obstetrics and internal medicine, while on this rotation you will attend OB/GYN ½ day, and cover the internal medicine residents for their half-day

### **EMERGENCY MEDICINE –1 block**

- CALL: You will work emergency
- medicine shift work on this rotation
- TEACHING: You should make every effort to attend OB/GYN teaching while on this rotation

### **GENERAL SURGERY – 1 block**

- CALL: You will so general surgery call while on this rotation
- TEACHING: You may be able to attend General Surgery teaching, or negotiate attending OB/GYN ½ day teaching (Thursday am).

## **PGY-II**

**NOTE:** *During this year, your Grand Rounds presentations MUST be on a topic related to the Core session that follows it. Discuss the topic and plan the presentation with the Attending Staff who is assigned to do the Core Teaching session on the date your are assigned Grand Rounds.*

### **JUNIOR GYNECOLOGIC ONCOLOGY – 3 blocks**

- Prepare yourself now. This is a busy rotation, good time management is essential.
- KNOW YOUR PELVIC ANATOMY!
- KNOW YOUR CANCER STAGING!
- You will be working with Drs. Bryson, Jeffrey and Francis AND the Senior Gynecologic Oncology Resident (PGY-IV).
- The Divisional secretaries are Angela Cook (Drs. Bryson + Jeffrey x6071) and Lorraine Keirstead (Francis x4423).
- The service requirements include the OR and clinics. Ideally, you will work with the Senior Resident in the OR (usually as a primary assistant) with the Staff member as a scrubbed assistant and teacher.
- The service consists of inpatient gynecologic oncology patients (ex: pre-op, post-op, chemotherapy, palliative care, acute community consults and admissions) and outpatients clinics (KRCC and FAPC 5)
- This is your chance to learn Colposcopy. You should attend as many colposcopy clinics as possible.
- You and the senior resident are responsible for weekend rounding. You and the Senior Resident must work out a schedule in each block for who covers which weekends
- You are expected to be in the OR promptly at 8:00am, having met the patient and completed a thorough chart review.
- Discharge planning rounds for this service occur Friday morning at 8:00 on Davies 5
- CALL: OB/GYN call
- TEACHING: OB/GYN teaching

### **JUNIOR GYNECOLOGY – 4-5 blocks**

- Prepare yourself now. This is also a busy rotation, good time management is essential
- Your responsibilities are:
  1. The OR (unless there is an unstable or serious patient in the emerg)
  2. The Emergency Room. You are the primary person responsible for triage of the daily gyne consults from the Emergency Room (even though you are in the OR).
  3. Postoperative gynecology patients, patients <20 weeks gestation, and acute gynecologic admissions
  4. In-house consults when the chief resident is post-call or on vacation
- You are expected to be in the OR promptly at 8:00am, having met the patient and completed a full chart review including a brief pre-op chart note. Ideally, the preliminary postop orders will also be completed.
- Your start time in the morning will vary, accounting for inpatient load, unexpected admissions and 7:30 teaching and/or OR responsibilities
- The 147 pager will cover emergency room consultations, direct to gyne admissions and family/community doctor calls
- You and the Chief resident are responsible for weekend rounding – either done by yourselves or by a resident on call (you must ask them!) You and the Chief Resident must work out a schedule in each block for who covers which weekends
- CALL: OB/GYN call
- TEACHING: OB/GYN teaching

- The resident is responsible for Sunday pre-op admissions, early evening admissions, arranging coverage by senior residents for the service when on vacation.
- *Required Reading:*
  - Junior Gyne Reading List - this comprises 12 sections. You must review each completed section is with the Chief Resident, and have the Chief sign off that it was done. The completed reading list needs to be given to the Program Director at the end of the rotation.

### **COMMUNITY OB/GYN – 2-3 blocks**

- This rotation is done in Brockville with Drs Froats and Hafzalla
- Accommodations (shared apartment) will be arranged by Jennifer Purvis (or you can commute)
- This is a general OB/GYN rotation – therefore you will be working in their office/clinic as well as covering labour and delivery and doing gynaecologic surgery
- CALL: OB/GYN call in Brockville with the Attending Staff there
- TEACHING: There is videoconferencing of REI rounds, MFM rounds and Grand Rounds to Brockville

### **SELECTIVES – 2-3 blocks**

- These are rotations, usually one block each, chosen by the resident in discussion with the Program Director
- Common rotations include Women’s Clinic (pregnancy terminations), Critical Care medicine, pathology, gynecology ultrasound, and urology
- CALL: In order to make the call schedule functional for all members, the selectives MUST be local, as you will still be participating in the OB/GYN call schedule. Out of town rotations are only also possible if you are willing to commute back and forth to Kingston for call.
- TEACHING: You should make every effort to attend OB/GYN teaching while on this rotation; it may or may not be possible depending on the selective chosen, so attendance at teaching is not mandatory.

## **PGY-III**

**NOTE:** During this year, one of your two Grand Rounds presentations **MUST** be on a topic related to Health Advocacy.

### **MATERNAL FETAL MEDICINE: 4-5 blocks**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Clinic – GALD</b>	<b>Amnios – FAU then Clinic - GALD</b>	<b>Clinic – GNS</b>	<b>½ DAY then US - FAU</b>	<b>US – FAU</b>
<b>Clinic – GALD</b>	<b>Clinic – MJM</b>	<b>Clinic – GNS</b>	<b>US – FAU</b>	<b>US - FAU</b>

- You will be working with Drs. Davies, McGrath and Smith
- Contact their secretary (Julia Sloan – ext 4082) for their schedule changes
- The MFM resident presents MFM rounds one Wednesday a month as arranged with the senior OB resident, usually on an ultrasound-based topic
- The MFM Resident is responsible for putting together the “Ultrasound Case of the Week” in the Residents’ Library (1 case every 2 weeks during MFM rotation)
- Attendance at ultrasound rounds Friday am 7:45 (in FAU or main X ray dept – check green sheet) before scanning – this is a great opportunity to learn ultrasound material
- In house genetic terminations (induction of labour) should be admitted, followed and handed over to the on-call team by the MFM residents
- CALL: OB/GYN call
- TEACHING: OB/GYN teaching
- *Required Reading:*
  - Obstetrics text: Gabbe or Williams or Creasy & Resnik
  - Ultrasound text: Ultrasound in Ob & Gyne (Sauerbrei) or Fetal Structural Anomalies (Sanders) – the is a copy of both of these in the FAU or in the Residents’ Library
  - The MFM staff will provide you with an MFM Reading List; you will meet with the staff weekly to go over the reading material (sometimes in a “quiz” format). **YOU ARE RESPONSIBLE FOR ARRANGING THESE WEEKLY REVIEW MEETINGS WITH THE STAFF!** Make these arrangements with Julia Sloan.

### **UROGYNECOLOGY – 4-5 blocks**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Clinic - MAH Clinic - SLJ</b>	<b>OR – MAH Clinic - SLJ</b>	<b>OR – SLJ</b>	<b>½ DAY Clinic - MAH</b>	<b>UDS review with staff</b>
<b>Clinic - MAH</b>	<b>OR – MAH Clinic - SLJ</b>	<b>OR – SLJ</b>	<b>Clinic – MAH Video-UDS once monthly</b>	

- You will be working with Drs. Johnston and Harvey
- Contact their secretary (Sandra McDonald – ext 6115) for their schedule changes
- ORs are every other Tuesday with MAH and Wednesday with SLJ
- You will be given all UDS results for primary interpretation. The usual time for weekly review of these tests is on Friday, with either Dr. Johnston or Harvey. **IT IS YOUR RESPONSIBILITY TO SET UP THESE MEETING TIMES.** Talk to the staff or Sandra.

- Urodynamics (Victory 4) and biofeedback sessions (Victory 4) are great hands-on learning opportunities. You are expected to attend at least one session of each. Contact Gail or Kerri-Lynn to book your UDS session (ext 2858) and Janice for biofeedback (ext. 2857).
- CALL: OB/GYN call
- *Required Reading:*
  - The two Urogyne staff will provide you with a required Urogyne Reading List. There is a binder with all the required reading kept in the Resident Library. Do not remove this binder, but feel free to make your own copies of the readings for home study. You will meet with the staff every other week to go over the reading material. **YOU ARE RESPONSIBLE FOR ARRANGING THESE BI-WEEKLY REVIEW MEETINGS WITH THE STAFF!** Make these arrangements with Sandra.

**REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY – 4-5 blocks**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>COPC – MAJ</b>	<b>OR* – RLR</b>	<b>Clinic - RLR</b>	<b>½ DAY</b>	<b>Clinic - RLR or KF</b>
<b>Clinic – MAJ (weeks 2,3)</b>	<b>OR* – RLR/ Contraception Clinic</b>	<b>Clinic - RLR</b>	<b>Clinic - KF</b>	<b>Clinic - KF</b>

**\*1-2/mth**

- You will be working with Drs. Reid, Jamieson and Finkenzeller
- Contact their secretaries (ext. 4005 – Jill Trueman for Reid//Finkenzeller or 4666 – Donna East for Jamieson) for schedule changes
- All of Dr. Reid’s ORs are done by the REI resident
- Only Pediatric OR cases of Dr. Jamieson are done by the REI resident
- Dr. Finkenzeller’s OR cases are usually more general gyne, not REI cases, so her OR’s are performed by the Chief and Junior Gyne residents.
- Requisitions for upcoming HSG and SIS will come to your mailbox on V4 check regularly
- You are required to do REI rounds (Monday @ 4pm) once monthly
- Check with the nurse in the CIU daily (ext. 1353) regarding infertility patients – review scans, lab results, management and outcomes
- You will be included in the weekend insemination schedule, and may be paged by the CIU nurses to assist with difficult inseminations on weekdays
- CALL: OB/GYN call
- *Required Reading:*
  - REI test: Clinical Gynecologic Endocrinology and Infertility, author Speroff
  - There is no formal Reading list for this rotation. Dr. Jamieson will supply you with a list of readings for informal review each week after her Pediatric Gyne Clinic. Dr. Reid will give you a package of articles and reprint chapters for review with him.

## **PGY-IV**

### **SENIOR OBSTETRICS – 4-5 blocks**

- Supervision of the junior resident in all aspects, allowing graded responsibility as clinical and technical skills advance
- MFM rounds three out of four weeks of the month as coordinated with the MFM resident
- Admissions, dictations, discharge summaries are your responsibility. **STAY ON TOP OF THEM!** They accumulate rapidly.
- Feedback to other residents regarding on-call admissions/management
- Consistent assessment of technical/clinical skills of clerks, and organizing clerks
- Overseeing the running of Connell 5, managing complicated patients and/or their labours
- Prioritizing inductions, etc
- Liaison between staff, nurses, residents, clerks, etc
- Responsible for preparing clerks to present neonatal outcome rounds on alternating months
- Holidays/conference may not be taken during the first two months of the rotation, when the junior needs daily supervision and will need to be buddied
- CALL: OB/GYN call (less mole call than in junior years)

### **GYNECOLOGIC ONCOLOGY – 4-5 blocks**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>OR – PB/JF (1/3)</b>	<b>KRCC</b>	<b>COLPO - JJ</b>	<b>OR – JJ</b>	<b>Gyne Clinic – JJ, JF</b>
<b>OR – PB/JF KRCC</b>	<b>KRCC</b>	<b>COLPO - JF</b>	<b>OR – JJ COLPO - PB</b>	

- You will be working with Drs. Bryson, Jeffrey and Francis AND the Junior Gynecologic Oncology Resident (PGY-II). You as well will be working with the Junior Gyne Onc resident, and possibly off-service Radiation or Medical Oncology residents.
- Contact their secretary (x6071- Angela Cook for Drs. Bryson + Jeffrey) (Lorraine Keirstead x4423 for Dr. Francis) for schedule changes and inpatient admissions
- The service consists of inpatient gynecologic oncology patients (ex: pre-op, post-op, chemotherapy, palliative care, acute community consults and admissions) and outpatients clinics (KRCC and FAPC-5)
- The resident is responsible for Sunday pre-op admissions, early evening admissions, arranging coverage by senior residents for the service when on vacation
- You and the Junior Resident are responsible for weekend rounding. You must together work out a schedule to cover the 4 weekends in the block (i.e., 2 weekends each). If because of On Call coverage conflicts or holidays, there is no possible way to cover all four weekends (and it will happen), you must prearrange coverage by a resident who has completed gynecologic oncology AND communicate this with the Attending Staff who is rounding that weekend.
- You should try to attend colposcopy clinics.
- Discharge planning rounds for this service occur Friday morning at 8:00 on Davies 5
- CALL: OB/GYN call (no mole call but some weekend call)

### **COMMUNITY OB/GYN – 4-5 blocks**

- Must be a rotation with a pre-approved preceptor (speak with program director)
- Common rotation sites have included Belleville (Drs. Melanie Chanda/Paul Kovacs), Peterborough (Dr. Peter Maskens), and Oshawa (Dr. Myles Beatty). Other sites can also be considered, but please note that at the present time, the Department can only provide free lodging in Belleville, Peterborough and Oshawa – and for this lodging to be arranged, WE NEED PLENTY OF NOTICE!!!  
Videoconferencing of teaching can also only be provided at these sites, unless there is a videoconference link that you can use at the site where you are completing your rotation (you would have to set up this link yourself).
- Funding for accommodations is provided through the Regionalization Program/SOGC/ROMP
- Call as established at that site and negotiated with that preceptor
- Traditionally, you will stay in the community for the duration of your rotation
- If within reasonable driving distance, you should attend special teaching occasions (eg. A Visiting Professor)
- The 4-5 block rotation is usually divided between two sites, so that each Community Rotation is 2-3 blocks in duration.

## **PGY-V**

### **CHIEF RESIDENT – 4-5 blocks**

- Gets an administrative stipend
- Is responsible for administrative duties, including call schedule, vacation/conference requests and **MAKES UP THE CALL SCHEDULE FOR ALL RESIDENTS.**
- Deals with overall resident wellbeing, rotation problems/issues, conflicts, etc.
- Runs the chief resident clinic, held every other Monday afternoon. This clinic is supervised by Dr. Jamieson, but the Chief Resident's is the most responsible physician for the patients in this clinic. You must communicate directly with Dr. Jamieson's secretary (Donna) about triaging patients referred to this clinic, and YOU follow up on results, book patients in the OR, etc.
- You will spend most of your time in the OR, operating with the Attending Staff and/or the Junior Gyne Resident, and then on the ward supervising post-op care for your patients along with the Attending staff.
- Ensures complete resident OR coverage
- Teaches the junior resident to operate/run the service
- Oversees the gynecology service – post-ops and acute gyne admissions. Weekend rounding on inpatients is your responsibility along with the Junior Gyne resident. You need to work out a schedule for weekend coverage together, or ask someone else to cover for you.
- CALL: OB/GYN call (less mole call than in junior years)

### **AMBULATORY CLINICS – 4-5 blocks**

- Most am clinics start at 8:30, pm clinics start at 13:00
- All clinics are on FAPC 5, except for the pediatric gynecology clinic at the COPC and the teen OB clinics and terminations in the women's clinic
- While on clinic rotation, you should attend the general OB/Gyn clinics first, and only subspecialty clinics if there are no general clinics running. The objective of your time here is not only to broaden your knowledge and clinical skill, but also to learn how to run a busy general clinic efficiently and effectively.
- You are expected to attend all teaching
- This resident is responsible for in-hospital consults
- Logging of clinics attended will be required
- CALL: OB/GYN call (less mole call than in junior years)

### **ELECTIVES – 4-5 blocks**

- This is your opportunity to explore other centres for general, community or subspecialty services
- Electives **MUST** be planned in consultation with the Program Director
- This resident cannot bump subspecialty residents, so you can only do a core subspecialty rotation here if the resident assigned to that rotation is on a leave.
- If in town, you will be on the obstetric call schedule. If you are away, you will not be expected to participate in the call schedule unless it runs over the Christmas break.

## Assessment Methods

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Oral examinations</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>10-30</b>
<b>Written examinations</b>	<b>Essay type</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Short answer</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Multiple choice</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>OSCE</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Formal observation of clinical skills</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Multi-Source Feedback (360° assessment)</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Chart review</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 *</b>	<b>0</b>
<b>0.Other (specify):</b>	<b>1 **</b>	<b>2 **</b>	<b>2 **</b>	<b>2 **</b>	<b>2 **</b>

\* *Morbidity and Mortality Rounds*

\*\* *written Grand Rounds evaluation*

## **TEACHING ROUNDS**

### **ACADEMIC HALF DAY: September to May**

- Thursdays from 7:30 to 10:30
- Grand Rounds from 7:30 to 8:30
- Core Teaching from 8:30 to 9:30
- Subspecialty Teaching from 9:30 to 10:30
- Staff coverage is provided and posted on Connell 5; hand off pagers to the Mole resident at 7 am. The mole resident then hands over to the covering Attending Staff at 0715, and gives all pagers to that staff then also.
- All residents are expected to attend Academic Half Day, unless on approved out of city rotation, or off service

### **GRAND ROUNDS:**

- Thursdays 7:30 – 8:30 (Richardson Amphitheatre)
- Videoconferenced to Brockville, Belleville and Peterborough
- Patient rounds to be completed well before this time, so that you are able to sign over with the staff covering the residents ( @ 7:15 on C5) during the academic ½ day and be in Richardson Amphitheater on time
- One to two presentations per resident, per year
- Should be reviewed with a staff prior to presenting – preferable one with an interest in the topic. In the PGY-I and PGY-II years, the topic for presentation must be related to the Core Teaching Session on that same day, and the topic must be approved by the Staff member giving that Core session.

### **NEONATAL OUTCOME ROUNDS**

- Monthly, 2<sup>nd</sup> Monday, 12:00 – 1:00
- Case presentation alternates between Ob and PEDS teams

### **REI ROUNDS**

- Mondays 4:00 – 5:00
- Resident focused, and great review for exams

### **GYNECOLOGIC ONCOLOGY**

- Tuesdays 8:00 – 9:00 (KRCC)
- Multidisciplinary conference (Gyne, Pathology, Rad Onc, Med Onc)
- Attendance is mandatory for gyne-onc resident; residents on gynecology, and all other residents that are free to attend
- The gyne –oncology resident should come to these prepared to give a short summary of all KGH patients on the list including presenting symptoms, physical findings, results of investigations, intra-operative findings and post-operative course

### **MATERNAL FETAL MEDICINE ROUNDS: September to May**

- Wednesdays 7:30 – 8:30

- Videoconferenced to Peterborough + Brockville
- Presented by the Senior OB resident (except 1/month done by the MFM resident)
- All residents expected to have completed in-house rounds, and attend on time

### **ULTRASOUND ROUNDS**

- Fridays 7:45 - 8:30 (radiology dept. or FAU)
- Residents are expected to attend sessions on obstetrics and gynecology - scheduled topic is included on the "Greensheet" distributed **weekly via email**

### **JOURNAL CLUB: September to May**

- Once monthly, presented by residents with assistance/guidance from the hosting staff
- Articles must be emailed to Jennifer Purvis one week before the journal club so that they can be distributed to all staff and residents
- ALL residents (including off service residents) are expected to attend
- Presenting resident organizes dinner, with approval of hosting staff

#### Journal Club Dinner Reimbursements

The resident(s) giving the Journal Club are responsible for food choice and purchase. You should however discuss the choice with the hosting Attending Staff member first. It is important to keep itemized receipts for all things purchased (i.e. the receipt the restaurant gives you listing your order + the total), your credit card receipt alone is not sufficient. The Attendance sheet for Journal Club is the Staff's responsibility.

## CONFERENCE AND VACATION TIME

All requests are to be *in writing* to the chief resident using the appropriate form found in the residents' library on Connell 5.

### CONFERENCE LEAVE

- Seven (working) days per academic year (July 1 to June 30)
- Approved on a first-come, first-served basis
- Requests should be made early, in order to organize coverage
- Reimbursements are processed through financial services at Queen's; you must adhere to their (stringent!) requirements.

Helpful Hints for Reimbursement:

- Keep all boarding passes for flights & your tickets for VIA
- If claiming meal expenses, you must have a conference itinerary to prove meals were not provided. Receipts for meals are not required. There are maximum amounts for meal reimbursement specified by Queen's
- Proof of attendance and a conference receipt is required as well as an official conference program for our files
- Keep itemized receipts for all expenses, your credit card receipts alone are not sufficient

### VACATION TIME

- Four weeks (twenty working days, with weekends) per academic year (July 1 to June 30)
- Allotted as one week blocks only unless there are specific circumstances.
- **Only TWO weeks of vacation or conference leave per four block rotation are allowed**
- Requests for vacation time must be submitted to the Chief Resident NO LATER THAN one full month prior to the requested time off
- Vacation is not rolled over from one year to another– you must use your vacation time or lose it.

## GUIDELINES, POLICIES & LINKS

1. [Resident Intimidation and Harassment Policy](http://www.meds.queensu.ca/postgrad) (link)  
www.meds.queensu.ca/postgrad
2. [Appeals Process](http://www.meds.queensu.ca/postgrad) (link)  
www.meds.queensu.ca/postgrad
3. [PAIRO - PAIRO-CAHO Agreement](http://www.pairo.org) (link)  
www.pairo.org
4. Department Resident Safety Policy (below)

## RESIDENT SAFETY POLICY

**Publication Year: 2011**

Preamble:

**Residents have the right to work in a safe environment during training.**

**The purpose of this document is to provide a policy regarding workplace safety for postgraduate trainees in the Department of Obstetrics and Gynaecology at Queen's University and to demonstrate the commitment of the residency program in the protection and safety of its postgraduate clinical trainees.**

**It is recognised that the responsibility for resident safety is jointly shared amongst the resident, residency program, and Queen's University and its affiliated Hospital Sites.**

**This policy complies with the Royal College accreditation standards A2.5 and B3.1.9 and does not supersede any University wide or Health Services Policy that is also established.**

Scope:

**This policy covers resident safety in the areas of travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (transports) (Royal College Standard B1.3.9). It also includes Occupational health and safety as well as workplace environmental health and safety.**

**For the purposes of this policy, postgraduate trainee includes residents and clinical fellows.**

Note that these policies apply only during residents' activities that are related to the execution of residency duties.

Program specific policies:

**Residents should not assess violent or psychotic patients without the backup of security or a supervisor and also an awareness of accessible exits.**

**Residents are not expected to make unaccompanied home visits or perform air transports**

**A supervisor must always be present if the resident is seeing a patient in an ambulatory setting after hours. This does not apply if patient is being seen in the emergency room/labour and delivery or on a hospital ward.**

**Residents must observe universal precautions and isolation procedures when indicated.**

**International electives must occur in a stable political environment with a qualified preceptor to provide appropriate supervision. Additionally there must be a Canadian Consulate in that country.**

**Pregnant residents can have specific risks to themselves and the fetus. Therefore their training environment and their duties may be modified to minimize these risks.**

Responsibility of the resident:

**The resident/fellow must participate in required safety sessions including Fire Safety, Workplace Hazardous Materials Information and safety (WHMIS) Infection control, and follow the safety codes of the site where they are training.**

**The resident/fellow must report any situation where personal safety is threatened and should be aware of the contact for security at participating training sites.**

**Residents should keep their immunizations and TB skin testing up to date.**

**Overseas travel immunizations and advice should be organized well in advance when traveling abroad for electives or meetings.**

**Residents travelling for clinical or other academic duties by private vehicle should maintain their vehicle adequately and travel with appropriate supplies and contact information. If the resident has determined that it is unsafe to travel (ie. due to extreme weather concerns) they may elect not to attend their clinic or academic half day however must behave as a professional and inform the chief resident and their clinical supervisor immediately.**

**Residents who feel unsafe to drive post call should opt to take a cab home and then back to get their car. Reimbursement is covered under the PAIRO contract.**

**Residents doing home call and arriving after hours (this applies especially to chief residents) should be aware of their environment before leaving their car and have a cell phone available to contact security if it is deemed an escort is required.**

**If a resident feels potential threat to their safety, the resident should not leave car and should leave accordingly. In the rare event that this occurs, resident should notify the attending on call.**

Responsibility of the program

- 1. To ensure that information sessions on WHMIS and Occupational safety are available for the trainees in the participating sites.**
- 2. To ensure that there is an initial specialty specific, site specific orientation session available.**
- 3. To develop a protocol for postgraduate trainees on what to do in the event that personal safety is breached.**
- 4. To ensure (via the Education coordinators for each site) that each training site remains compliant with the program policy.**

References:

**Standard A2.5.**

**All participating sites must take reasonable measures to ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.**

**3.9 establishment of a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all such clinical encounters. The policy must specifically include educational activities (e.g. identifying risk indicators).**

5. Academic Half Day Guidelines (on Postgrad website or hardcopy in Library binder)
6. Leaves of Absence Policy (on Postgrad website or hardcopy in Library binder)
  - a. Waivers of Training

## **COMMUNITY CONTACTS**

### **Queen's Regional Education Office**

**Contact person:** Val Doirion [regional@queensu.ca](mailto:regional@queensu.ca)  
613-533-6000 ext 78453  
or  
Cathy Hitchins [hitchins@queensu.ca](mailto:hitchins@queensu.ca)  
613-533-6000 ext 77738

### **ROMP – Rural Ontario Medical Program**

**Write:** 459 Hume Street [romp@romponline.com](mailto:romp@romponline.com)  
Collingwood, ON L9Y 1W9

**Toll Free:** 1-877-445-ROMP (7667) **Fax:** (705) 445-8911

#### **Who to Ask For:**

- **Dr. Peter Wells**, MD, CCFP, Executive Director
- **Michelle Hunter**, MSc, Program Manager
- **Joanne Hoar**, Administrative Assistant
- **Andrea Ewen**, Postgraduate Coordinator
- **Aeleena Dochau**, Program Assistant

## **BROCKVILLE**

**Contact person:** Jessica Gerritsen [gerje@bgh-on.ca](mailto:gerje@bgh-on.ca)  
Education Coordinator,  
Brockville General Hospital  
75 Charles Street,  
Brockville ON K6V 1S8  
P: (613) 345-5649 X 1104  
F: (613) 345-2529

#### **Mentors:**

Dr. Tim Froats [froats@ripnet.com](mailto:froats@ripnet.com)  
Dr. Basem Hafazalla [bhafazalla@gmail.com](mailto:bhafazalla@gmail.com)  
Brockville General Hospital  
75 Charles St., Suite #3  
Brockville, ON K6V 1S8  
P: (613) 498-0740 (secretary - Karen)  
F: (613) 345-3036

**Accommodation:** 156 Pearl St. East -3 bedroom apartment (1 psych student, 1 ob/gyn student,  
1 available for resident)

**Videoconferencing:** Available (REI rounds, MFM rounds, Grand rounds, Core & Sub-specialty Teaching)

## **BELLEVILLE**

**Contact person:** Bree Ricketts, Recruitment Coordinator [bricketts@qhc.on.ca](mailto:bricketts@qhc.on.ca)  
Quinte Health Care  
265 Dundas Street East  
Belleville, ON K8N 5A9  
(613) 969-7400 ext. 2600

**Mentors:** Dr. Melanie Chanda, Ob/Gyn [melaniechanda@hotmail.com](mailto:melaniechanda@hotmail.com)  
Dr. Paul Kovacs, Ob/Gyn  
304 Dundas St. East  
Belleville, ON K8N 1E6  
P: (613) 967-9900  
F: (613) 967-4882

**Accommodation:** 334 Dundas St. East - two – 2 bedroom apartments

**Videoconferencing:** Available (Grand Rounds, MFM, REI, Core & Subspecialty teaching)

## **PETERBOROUGH**

**Contact Person:** Brenda George [bgeorge@prhc.on.ca](mailto:bgeorge@prhc.on.ca)  
Peterborough Regional Health Centre  
1 Hospital Drive  
Peterborough, ON K9J 7C6  
P: (705) 743-2121 ext 3032  
F: (705) 876-5120

**Mentor:** Dr. Peter Maskens, Ob/Gyn [pmaskens@sympatico.ca](mailto:pmaskens@sympatico.ca)  
Alexander Profession Bldg., Suite 205  
849 Alexander Court  
Peterborough, ON K9J 7H8  
P: (705) 741-5510  
F: (705) 741-0448

**Accommodation:** 1155 Goodfellow Place - 4 apartments

**Videoconferencing:** Available upon request  
(REI Rounds, MFM Rounds, Grand Rounds, Core & Sub-specialty teaching)