

OBGYN Residency Training Program Manual

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UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Obstetrics & Gynecology

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:
<https://www.ualberta.ca/obstetrics-gynecology/about-us>.

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Resident Resource List

[Resident Resources](#) (click to view the below list of resources on the U of A webpage, where you may use the quick links and/or scroll down to view the objectives, forms cabinet, and resources and policies sections)

- i. Handy Contact List
- ii. CanMEDS Overall Objectives
- iii. Objectives/Reading List: Junior Resident / Royal Alexandra Hospital Rotation
- iv. Objectives/Reading List: Reproductive Endocrinology and Infertility Rotation
- v. Objectives/Reading List: Maternal-Fetal Medicine / Perinatology Rotation
- vi. Objectives/Reading List: Gynecologic Oncology Rotation
- vii. Objectives/Reading List: Urogynecology Rotation
- viii. Objectives/Reading List: Intensive Care Unit Rotation
- ix. Objectives/Reading List: Office / Ambulatory Rotation
- x. Objectives/Reading List: Laparoscopy Rotation (*not yet available*)
- xi. Objectives/Reading List: Senior Ambulatory Rotation
- xii. Objectives/Reading List: Chief Resident / Royal Alexandra Hospital Rotation and
Chief Resident / Grey Nuns Community Hospital Rotation
- xiii. Resident Research Manual

A. INTRODUCTION / OVERVIEW

1. Contact Information

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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 Lois Hole Hospital / Royal Alexandra Hospital (RAH) in Edmonton; the tertiary referral center for Northern Alberta, and portions of British Columbia and the Northwest Territories. Residents also spend time at three community hospitals in the Edmonton area: The Grey Nuns Community Hospital (GNH), the Misericordia Hospital (MIS), and the Sturgeon Community Hospital (SCH). Outpatient clinical experience is enhanced by participation at the North East Community Health Centre, Women's Health Options, PCRM Fertility Clinic and various Community Based Clinics.

Three blocks (12 weeks) of elective time can be arranged outside of Alberta. There are 6 months of selective blocks to be chosen in Edmonton or a rural community. Some of our residents have traveled internationally, including to South Africa, Bangladesh, and Brazil.

There are generally between 30 and 35 residents in the program. Current faculty includes: Approximately 90 General Obstetrician/Gynecologists with clinical teaching appointments, 8 Maternal Fetal Medicine specialists, 6 gynecologic oncologists, 9 reproductive endocrinologists, 7 urogynecologists, and 6 basic scientists.

4. Program Structure

Surgical Foundations: All surgical residents in Canada participate in this program. The Program Director at the UofA is Dr. Brett Mador (mador@ualberta.ca). Surgical Foundations has its own curriculum, is Competency based (see CBD) and generally takes less than two years to complete. There is an exam (Principles of Surgery) that must be passed before a resident can write the OBGYN specialty exams. This exam is usually written in the fall of the second year.

- PGY-1
- Transition to Discipline Rotation- 8 weeks (2 blocks) at the start of the residency
 - Obstetrics and Gynecology-12 weeks (3 blocks) at LHHW/Grey Nuns
 - Ultrasound – 4 weeks at RAH
 - General Surgery – 8 weeks
 - Emergency – 4 weeks
 - Internal Medicine – 8 weeks
 - NICU – 4 weeks
 - Vacation – 4 weeks

PGY-1 Residents attend the Surgical Foundations academic half-days on Wednesday mornings. Residents may have occasional opportunity to attend OBGYB Academic Half Days (AHD) which are held on Wednesday afternoons.

PGY-2 The PGY-2 year is the "core" year in General Obstetrics and Gynecology. Residents spend 8 months at the LHHW and 2 months at GNH. Residents also spend 2 months in ICU to learn how to manage critically ill patients and reinforce the skills they need to pass the LMCC and POS exams. The remaining block this year is at the Women's Health options where family planning skills are obtained. By the end of the year, they will be comfortable with assisting at cesarean sections, and minor hysteroscopic and laparoscopic surgeries. They will also be comfortable managing the basics in labour and delivery room.

PGY-3 & 4 The third and fourth years of the residency have a variety of exposures to subspecialty OBGYN. These consist of 3 blocks each of Maternal Fetal Medicine (MFM), Reproductive Endocrinology and Infertility (REI), Gynecologic Oncology (GynOnc and Urogynecology (UROGYN). The resident does 4 blocks of community hospital rotations in 3rd year of which 2 can be rural (eg: Grande Prairie, Red Deer, Medicine Hat) if the resident chooses. Rural community rotations are often supported by the PGME office with accommodation and travel expenses covered. They will also have 3 blocks of selective or elective rotations of their choice in both 3rd year and 4th year. The last 4 blocks of the fourth year are the start of Chief resident experience.

PGY-5 For 7 blocks of this final year, residents rotate through different hospitals as the Chief Resident: 5 blocks at the RAH, 2 blocks at the GNH. The chief 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 and they enhance their skills in the operating room. Chief residents also are expected to improve their skills as instructors for junior learners (residents and medical students). Two months are spent at the Misericordia Hospital as the sole resident, mostly refining surgical skills. The last 4 blocks of the year involve ambulatory clinics and time to prepare for the Royal College Exam. 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 CaRMS Selection Subcommittee of the RPC, and invitations to interview are emailed to selected candidates. Interviews are held in January. Telephone interviews or telehealth (video-conference) interviews may be considered under exceptional circumstances. The interview is a formatted as multiple Mini Interviews (MMI) conducted by staff and residents. The format is relaxed and intended to be non-intimidating. In addition, the Program Directors are available to meet with each candidate. All potential candidates will have an informal opportunity to meet with other residents in the program.

COVID PANDEMIC NOTE: In 2021 the process of CaRMS will be modified throughout Canada. The interviews will be virtual. Country wide all interviews will be carried out in March 2021 (in Edmonton this is likely to be March 9,10, and11)

4. Selection Criteria

- Excellent 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 and personal strengths.
- Awareness of women's health care issues.
- Excellent communication, interpersonal, and teamwork skills.

COVID PANDEMIC NOTE: Although visiting electives in Edmonton have been the norm for medical students interested in our program, current rules during the COVID pandemic are not allowing any out of town elective students in 2020/2021 (country wide). Despite this challenge, we encourage application to our program from interested students and will endeavor to have the lack of an elective not be an obstacle to acceptance to our program.

C. CanMEDS

1. Introduction

Medical education is changing rapidly, and CanMEDS is part of that story. CanMEDS is, at its heart, an initiative to improve patient care by enhancing physician training. From the beginning, its main purpose has been to articulate a comprehensive definition of the abilities needed for all domains of medical practice and thus provide a strong foundation for medical education. In the early 1990s, Fellows of the Royal College of Physicians and Surgeons of Canada, with support from the charitable institution Associated Medical Services, leveraged the important work of the Educating Future Physicians for Ontario project to develop a competency framework for specialist physicians. The result, the CanMEDS Framework, was formally approved by the Royal College in 1996 and subsequently updated in 2005. CanMEDS is now used in dozens of countries on five continents, in medicine and in other health care professions, making it the most recognized and most widely applied health care profession competency

framework in the world. The Royal College continues to be the steward and sponsor of the framework, and the current iteration was prepared with input from major medical institutions around the world.

In Canada, CanMEDS forms the basis for all Royal College educational standards for specialty education. The College of Family Physicians of Canada has in, recent years, formally integrated an adaptation known as CanMEDS-FM (CanMEDS–Family Medicine) into the training of all family physicians in Canada. CanMEDS has also been adopted by the Collège des médecins du Québec, the Medical Council of Canada, the Canadian Medical Association and Canada’s medical schools. The use of a national competency-based framework for medical training is one reason why the Canadian medical education system is regarded as among the strongest in the world.

Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015. New updates are provided within the CanMEDS 2015 project.

2. CanMEDS 2015 Objectives: ([Click Here](#))

D. COMPETENCE by DESIGN (CBD)

1. Introduction:

CBD is a multi-year initiative launched by the Royal College of Physicians and Surgeons of Canada to transform medical education. CBD has introduced a hybrid model of competency-based medical education (CBME) to learning and assessment in residency and specialty practice across Canada. The goal of CBD is to enhance patient care by improving specialist training and lifelong learning, ensuring physicians demonstrate the skills and behaviors required to continuously meet evolving patient needs.

2. Entrustable Professional Activities (EPAs)

EPAs are designed to assess achievement of the key tasks of a discipline that a practitioner needs to be able to perform eg: manage a complex pregnancy, perform a hysterectomy. A resident requests an EPA from a staff member or senior resident.

Milestones:

Milestones provide discrete information about the individual skills that are needed to perform a specific EPA task. A resident and supervisor can focus on the EPA as a whole or examine the milestones linked to that EPA. Over time, this detail will help guide feedback and coaching for improvement.

3. Resident Progression:

CBD breaks training down into several different stages defined by EPAs and Milestones. EPAs and milestones are used to create a clear learning path for residents and clear teaching and assessment goals for educators.

Residents are no longer solely defined by their post-graduate year (PGY). They are now also described by the stage in their residency program (see below), which identifies the levels of competence and ability to complete a task. These stages describe what residents can and should be allowed to do by evaluating their competency level through observation, and EPA’s achieved. Residents may work on EPA’s that are assigned to stages above their classification.

Each resident is required to achieve specific EPA's per rotation and stage to progress to the next stage in their residency program. Each rotation has assigned mandatory EPA's which can be viewed on the curriculum map and rotation objectives (pending).

It is the resident's responsibility to complete the EPA's assigned to each rotation. If a resident does not achieve the mandatory EPA's specific to a rotation, they may not be able to progress to the next stage in their residency program. To help mitigate this, learning plans are developed for residents who require additional support to achieve their EPA's and ensure they are competent to progress to the next stage.

CBD was launched July 1, 2019 in Obstetrics and Gynecology.

STAGES OF TRAINING

1. Transition to Discipline
2. Foundations of Discipline
3. Core of Discipline
4. Transition to Practice

E. Rotations / Descriptions / Objectives & Reading Lists

PGY-1

The first year or so of the residency is merged with surgical foundations. Objectives for the rotations this year are posted on the Surgical Foundations Website.

PGY-2:

- 1. Junior Resident / Lois Hole Hospital for Women (PGY-II)**

This rotation is a Junior Resident Obstetrics and Gynecology rotation based out of the Royal Alexandra Hospital. Generally, the team consists of: 3 or 4 or 5 PGY-II's, 2 Chiefs/PGY-V's, PGY-I's (Ob/Gyn, Emergency Medicine, Anesthesia, etc.) and medical students. The team is responsible for managing the Gynecology ward, Gynecology emergency consults and Gynecology surgery, the Labour & Delivery Room, Antepartum and Postpartum wards. The daily work assignments and call schedules are determined by the Chief Residents. PGY-II's generally cover High-Risk Obstetrics call, sometimes Low-Risk Obstetrics call, and the Gynecology ORs.
([Click Here](#) for Objectives/Reading List)
- 2. Women's Health Options (WHO) (PGY-II)**

WHO is a 1-month rotation spent in an outpatient clinic in downtown Edmonton. Residents spend time learning contraception counselling, dating ultrasounds, surgical D&Cs, IUCD insertion, and post-operative care. This is an opt-out rotation; residents can choose to participate as much or as little as desired. Residents do general Ob/Gyn call during this rotation.([Click Here](#) for Objectives/Reading List)

3. **Junior Resident/ GHN (PGY-2)** This 2 block rotation is similar to the rotation at the LHHW, but with fewer residents on the service. Generally there is one chief, one R3 OBGYN resident, one junior OBGYN resident, several family medicine residents and medical students.
4. **Intensive Care Unit (PGY-II)** ICU is a 2 block rotation integrated into the PGY-II year. This is scheduled through the ICU office. Residents will generally do 6-7 ICU calls in this month and become familiar with management of seriously ill patients and skills to perform central line placements. ([Click Here](#) for Objectives/Reading List)

PGY-3 & 4

5. **REI** The REI rotation is a 3 block rotation with the Fertility Clinic at the RAH and the Pacific Centre for Reproductive Medicine in downtown Edmonton. Residents are responsible for covering the Fertility Clinics and OR's. Residents do general Ob/Gyn call during this rotation. ([Click Here](#) for Objectives/Reading List)
6. **Maternal-Fetal Medicine (PGY-III)** MFM rotation is a 3 block rotation at the Perinatal Clinic at the LHHW. Each day, residents will participate in ultrasounds and consultations in the Perinatal Clinic. Residents spend time practicing ultrasound skill using the simulator and have 1 dedicated ultrasound scanning day per week for hands on learning. Residents spend 2 weeks on Obstetrics Internal Medicine. Residents also participate in the multidisciplinary rounds and present at subspecialty rounds. Residents do general Ob/Gyn call during this rotation. ([Click Here](#) for Objectives/Reading List)
7. **Gynecologic Oncology (PGY-III or IV)** Gyne Onc is a 3 block senior rotation with excellent surgical exposure. Residents are first assistant on advanced laparotomy, and robotic cases. There is no fellowship program in Edmonton, giving residents considerable exposure. Residents are also expected to attend chemotherapy clinics, tumor board rounds and new patient clinics. There is opportunity to do Colposcopy on this rotation, Part of this rotation is based at the Cross Cancer Institute. Residents are expected to do general Ob/Gyn call while on this rotation. ([Click Here](#) for Objectives/Reading List)
8. **Urogynecology (PGY-III or IV)** Urogynecology is a 3 block rotation with excellent surgical and clinical exposure. Residents learn advanced pelvic floor surgeries as well as basic urogynecology procedures, such as cystoscopy, TVT, and vaginal wall prolapse repair. Residents also attend outpatient clinic, outpatient cystoscopy, and spend time with allied health professionals to learn about

pessaries and pelvic physiotherapy. Lunch rounds are held once a week and the resident is expected to present once during their 3 month rotation. Residents do general Ob/Gyn call during this rotation.

([Click Here](#) for Objectives/Reading List)

**9. Chief Ambulatory
(PGY-IV or V)**

This 4 block 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. Hospital rounds are at the discretion of the supervising physician. Residents should not attend their physician's OR, since this is organized through the general resident schedules and staffed by the junior and chief residents on service. This is the last rotation of the residency. ([Click Here](#) for Objectives/Reading List)

**10. Chief Resident /
Lois Hole Hospital for Women**

This is a 6 block rotation. Chief Residents are responsible for running the Obstetrics and Gynecology services, as well as daily scheduling of the Junior Residents. Residents may participate in a combination of home and in-house general Ob/Gyn calls, this is a decision that is made based on resident numbers each year.

([Click Here](#) for Objectives/Reading List)

**11. Chief Resident /
Grey Nuns Community Hospital**

This is a 2 block rotation at the Grey Nuns Hospital (GNH). Chief Residents are responsible for running the Obstetrics and Gynecology services as well as daily scheduling of the Junior Residents. Residents participate in in-house general Ob/Gyn call. (*Objectives/Reading list same as for Chief Resident/RAH*)

**12. Senior Resident/
Misericordia Hospital**

This rotation is mostly a surgical experience as a senior resident, as the sole resident at this site, it is not a 'chief rotation'. ([Click Here](#) for Objectives/Reading List)

E. Electives/Selectives

1. Overview

Between PGY-III and PGY-5, there are 3 blocks of elective and 17 blocks of selective rotations. The Specialty Training Requirements in Obstetrics and Gynecology (2016) (STRs) are the basis for this

requirement. Although new residents are not assessed by this standard, our program will continue to create the rotation schedule by these guidelines for the foreseeable future.

2. Electives

The resident is responsible for scheduling their own Elective according to their interest. The elective must be approved by the Program Director. Electives can be done out of province/country. Often electives are used to explore fellowship opportunities. PGME and AHS have limited out of province electives to 3 blocks, any requests for exceptions to this rule need to be approved by the PGME Dean. When electives are scheduled, information regarding the elective including the dates and the name and email address of your supervisor should be sent to the Program Director and the Education Administrator (Bridget Jenkins). (see elective request form). We will send an evaluation to your preceptor via email a week before the end of your elective.

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. This often takes 2-3 months of time to prepare. For electives out of the country, you may need to investigate working visas or other special requirements as well, so allow 6 months of preparation time.

3. Selectives

Selectives must be chosen either by the program: 'Mandatory selectives' (11 blocks) or the resident 'optional selectives' (6 blocks) from a list created by the Royal College (STRs). Currently the program chosen mandatory selective blocks are : (urogynecology (1), Community OBGYN (6): and ambulatory gynecology in Chief year(4blocks). These are all described above. (A mandatory one block 'rotation' in community OBGYN is done at the GNH – combined with one of these selectives to make a 2 month community OBGYN block in year 3 at the GNH). We know, this is confusing.

The 6 selective blocks that the resident can choose from include: Colposcopy, more community based obgyn, Critical Care medicine, MIS surgery, Gynecologic Oncology, Gynecologic pathology, REI, MFM, OBGYN ultrasound, urogynecology, Research in OBGYN/ Medical education, Pediatric and adolescent gynecology, Pelvic Pain investigation and Management and Sexual Medicine. The last three in this list (Pediatric and adolescent gynecology, Pelvic Pain investigation and Management and Sexual Medicine) are not currently available in Edmonton and a resident can request to do these selectives elsewhere, possibly with financial support, upon approval by the PGME Dean and the Program Director.

F. Call Expectations

This residency training program complies with PARA guidelines. Some call shifts on weekends are 12 hours as the resident find that a preferred approach, this is an exception approved by PARA and is renewed yearly by the Chief Residents and PARA, supported by the Program Director.

The residents participate in the general Ob/Gyn call schedule during all their mandatory rotations. While on subspecialty rotations call is on the OBGYN call schedule at either the LHHW or the Grey Nuns. When on selective, general OBGYN call is done during all the rotations chosen by the program.

For the selectives chosen by the resident, 2 blocks will include call. It is expected that the resident will communicate with the chief responsible for creating the call schedule to arrange which selective blocks they are doing call.

If an elective or selective is outside of Edmonton, in house or home call may be mandated by the local rotation coordinator. In general, in-house (in-hospital) call by a resident is accompanied by in house call by staff. If doing home call, the staff must also attend any visits to the hospital. It is not acceptable to have residents doing in house call without staff presence.

Call is not required during an elective by our program, however, if the elective is based in another center, call may be required, based on their policy.

2. Listing of Electives

For a current listing for some of the available electives, please [click here](#)

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. In addition to OBGYN relevant content these include formal courses in:

- Anatomy (hands-on dissection based)
- Teaching Skills
- Medical ethics
- Simulation
- MIS skills lab and pig lab
- Health Advocacy
- Critical appraisal of the literature and research
- Resident well-being
- Quality Improvement

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 our website, and on a shared Google drive.

2. Journal Club

Journal clubs are held monthly, from September to June. Each resident is expected to present once per year with a focus on evidence-based review of the literature. Meetings are held at various faculty member's houses on a rotating basis or at the RAH, and dinner is provided. Faculty are encouraged to attend. An epidemiologist is available to assist residents and attends Journal Club as available.

3. Rounds/teaching

Weekly Grand Rounds are hospital-based (see below) and are coordinated by the medical administration and Designated Residents. Informal case-based discussions with staff and Chief Residents also occur.

Academic Half-days: Every Wednesdays at 1300 - 1700, [2020-2021 Half-day Schedule](#)

Grand Rounds: Robbins Learning Centre Theatre, RAH, Fridays at 0730 (No Grand Rounds in summer)

Subspecialty/Rounds: Robbins Learning Centre Theatre, RAH, Alternate Tuesdays at 0730

Generalist Teaching: Alternate Tuesdays each month in lieu of subspecialty rounds at 0730

Urogyn Rounds: Robbins Learning Centre, Classroom 2, RAH, Mondays at 1215-1300

Gyne Onc Tumor Board: usually just attended by residents on gyn onc.

4. Exams

Twice-yearly, OSCE exams mimicking the Royal College exams are held. In the final year Chief

Residents have "practice oral exams" 1 - 2 times per week. Residents participate in the APOG exam (national MCQ exam) annually and may choose to write the CREOG exam. We are currently exploring the inclusion of the Fundamental of Laparoscopic surgery modules and Exam in the program.

5. Evaluations

- a. Residents are required to submit a semiannual report (found in the 'forms cabinet') to the Director of the Residency Training Program 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. EPAs are to be requested between 3 and 5 times a week from the staff or chief resident.
- c. Our program will continue to request ITERs (In Training Evaluation Report) at the end of all rotations and midway in rotations that are more than one block in duration. This policy includes CBD residents. The rotation coordinators complete the ITERs, after soliciting feedback from staff and chief residents,
- d. Academic Advisor: Each resident is assigned an Academic Advisor. This is an OBGYN staff member who will meet regularly with the resident, review their progress, offer advice, and represent the resident at the Competency Committee

7. 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 an elected resident-representative from each year. The Committee meets regularly (once per month) from September to June. Minutes for each meeting are kept and shared with all members and residents.

8. Competency Committee (CC)

The role of the CC is to review the progress of all residents at a minimum twice a year, decide when EPAs are completed in any particular stage, and make recommendations to the RPC regarding resident progress, promotions, remediations, and suitability to take the Royal College Specialty Exams. The Academic Advisors are an integral part of this process.

7. Annual Department Retreat

An annual retreat is held every year around February for the entire department of Ob/Gyn staff and residents to attend. The retreat is not mandatory, but highly encouraged for residents to attend. The retreat is held at different sites within Edmonton, Jasper, or Banff, in alternating years. Residents spend a small portion of the retreat attending sessions on non-academic topics, such as well-being, team building, and professionalism. The rest of the time is spent relaxing and socializing as well as outdoor pursuits if it is held in Jasper or Banff.

8. Department Research Day

The Department Research Day is an annual event that takes place in April/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 end of the day. A visiting speaker is invited to Research Day. This guest spends informal time with the residents and grad students at the 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 Surgical Foundations 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.

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>) 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. 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>

b. Managing Obstetrical Risk Efficiently (MORE)

MORE^{OB} 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^{OB} 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 obstetrical unit. For more information please see their website at: <http://www.moreob.com>

H. Research

1. Introduction

Residents in the Obstetrics and Gynecology program at the University of Alberta are required to complete 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. Residents also have the option of applying for the Clinical Investigator Program while completing a Master Degree. 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. We are currently working on a model for Medical Education projects being included as Scholarly endeavors.

2. Resident Research Manual ([Click Here](#))

I. Policies

For a full list of the below policies [Click Here](#)

1. Call requirements
2. Travel and Professional Development Guidelines and Application Form
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
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. Consecutive holiday weeks will be granted under exceptional circumstances.