

OBGYN Residency Training Program Manual

June 2021



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 may use the quick links and/or scroll down to view the objectives, forms cabinet, and resources and policies sections) Handy

- I. 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 Community Hospital (MCH), and the Sturgeon Community Hospital (SCH). Outpatient clinical experience is enhanced by participation at the Northeast 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 additional blocks for selectives or electives that can be completed 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, 10 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 approximately one year to complete. The Surgical Foundations exam (Royal College) must be passed before a resident can write the OBGYN specialty exams. The surgical foundations 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/OB Anesthesia – 4 weeks
 - Vacation – 4 weeks

PGY-1 Residents attend the Surgical Foundations Academic Half-Days on Wednesday mornings. Residents doing an OBGYN rotation may have occasional opportunity to attend OBGYN Academic Half-Days (AHD) which are held on Wednesday afternoon. GOALS for this year are to complete Surgical Foundations (both transition to Discipline and Foundations of Discipline). OBGYN Transitions to Discipline stage will also be completed.

- 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 Surgical Foundations exams. The remaining block 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. GOALS for this year are to complete or close to completing the OBGYN Foundations of Discipline by the end of June.

- PGY-3 A curriculum change will be initiated in July 2021 for residents entering R3 year. This is intended to allow a more flexible curriculum and to accommodate the new timing of Royal college exams for CBD residents. RC exams are fall (written) and spring (OSCE) of R5 year and CBD residents. Each R3 resident will spend 2 blocks on each subspecialty rotation (MFM, UROGYN, REI and Gyn ONC). There is also a 2-block rotation at the Grey Nuns Hospital. One of the MFM blocks is on Obstetric Medicine, which was formerly a 2-week portion of MFM. GOALS are to work on Core of Discipline EPAs. REI and UROGYN will be completed. GYN ONC and MFM will be revisited as an R4.

- PGY-4 The curriculum change carries into the 4th year when two subspecialties are revisited (GYN ONC and MFM) for one block each. If deemed necessary to complete all EPAs and objectives for the subspecialties (see CBD) the resident will return to REI and UROGYN as well. We feel this will not be necessary for most residents, freeing up time for selectives/electives. We intend to schedule 5 blocks of Chief/Senior rotations in 4th year as well.

PGY-5 In the spirit of Competency based learning the 5th year will be a year of Chief/Senior rotations, selective/electives, and a transition to practice. This new selective called "Transition to Practice" will allow a resident to work with faculty in the office, OR and labour and delivery, functioning at the level of junior staff, for one or two blocks. The Written portion of the Royal College exams will be moving to the Fall when CBD residents reach their 5th year and the OSCE exam will be in the spring. Ambulatory blocks will be timed with no call requirements prior to these 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.

3. Interviews

Applications are reviewed by the CaRMS Selection Subcommittee of the RPC, and invitations to interview are emailed to selected candidates. Interviews will be held in the second week of March 2022. The interview format in 2021 was via Zoom due to the Covid Pandemic. It is likely to remain in that format, in the interest of minimizing the time and financial burden of traveling across the country. The interview is formatted as multiple Mini Interviews (MMI) conducted by staff and residents. The format is relaxed and intended to be non-intimidating. In addition, either the Program Director or the assistant Program Director will meet with each candidate.

4. Selection Criteria

- Strong 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:

The 2020/2021 academic year was particularly challenging for medical students' electives. We understand that electives will NOT resume in the 2021/2022 year. Since our Carms interview will be via zoom, the best way to learn about our program is to connect with residents and to attend the program show case events we plan to schedule via zoom. Note that an elective is not necessary for entry 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.

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 e.g.: manage a complex pregnancy, perform a hysterectomy. A resident requests an EPA from a staff member or senior resident.

3. 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.

4. Resident Progression

CBD breaks training down into four 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 EPAs achieved. Residents may work on EPA's that are assigned to stages above their classification.

Each resident is required to achieve specific EPAs during each 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 (new versions 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

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:

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, 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 some Gynecology ORs. ([Click Here](#) for Objectives/Reading List)

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)

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.

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:

In the 2021/2022 academic year we have made a significant change in our rotation schedule. All subspecialty rotations will be a 2-month block, with the addition of 2 blocks at the Grey Nuns hospital.

REI

The REI rotation is a 2-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 ORs. Residents do general Ob/Gyn call during this rotation. The REI rotation was a 3 block rotation in the past, but with CBD formatting we are hoping it can be accomplished in 2 blocks. If objectives and mapped EPAs are not completed, the resident will need to use elective/selective time in R4 to meet these objectives ([Click Here](#) for Objectives/Reading List)

Maternal-Fetal Medicine

MFM rotation is now a 2-block rotation that is split between the Obstetric Medicine Service (4 weeks) and the Perinatal clinic (4 weeks), both at the Lois Hole Hospital. Each day, residents will participate in ultrasounds and consultations in the Perinatal Clinic. Residents spend time practicing ultrasound skills 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.

An additional block of MFM will take place in PGY-IV ([Click Here](#) for Objectives/Reading List)

Gynecologic Oncology	Gyne Onc is a 2-block rotation in year 3 with a return for one block in year 4. Residents are first assistant on advanced laparotomy, and robotic cases. There is currently no fellowship program in Edmonton (although we do, on occasion, get elective fellows), giving residents considerable surgical 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)
Urogynecology	Urogynecology is a 2-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 2 month rotation. This rotation was previously a 3-block rotation, but we hope that 2 blocks is sufficient to have a satisfactory exposure and allow for completion of all mapped EPAs. Residents do general Ob/Gyn call during this rotation. (Click Here for Objectives/Reading List)
PGY 4:	
Senior Gyne Oncology	One block of Gyne Oncology to reinforce surgical skills
Senior MFM	One block of MGM to reinforce complex obstetric care
MIS block	This block is dedicated to improving “Minimally Invasive” surgery skills The intent is to have the resident pass the fundamentals of laparoscopic surgery exam.
Chief Rotations	The Chief rotations are based at the Grey Nuns hospital and the Lois Hole hospital. The Chief residents have administrative roles with scheduling and teaching junior residents and medical students. We hope to schedule 5 or more blocks, but this will depend on the number of residents.
Electives/Selectives	There will be between 4 and 5 blocks of selectives/electives. If it is necessary for a resident to return to a subspecialty to complete the objectives, these blocks will be used.
PGY-5:	
Chief Rotations	Two or three blocks of Chief rotations at either GNH or LHH
Ambulatory Rotations	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. This is not a surgical rotation and is intended to allow time to study for Royal College exams. It is expected that 2 blocks will be timed before the Written exams in the fall and two blocks before the OSCE exams in the spring when CBD residents become R5. For time-based residents the ambulatory blocks will be in the spring before the exams

Senior Resident (Sturgeon and/or Misericordia Hospitals)	2 (or more blocks) of senior operating experience at either of these community hospitals. These hospitals have medical students but not the volume of learners found at the Chief resident sites.
Electives/Selectives	3 blocks of Electives/Selectives are available in year 5. A new Selective called 'Transition to Practice' is designed to be a 'junior staff' experience while working with a single faculty. Some independence in Office practice, Call, rounds and operating with junior residents are the goals of this rotation.

F. Electives/Selectives

1. Overview

Between PGY-III and PGY-5, there are many blocks of selective/elective rotations. The principle of a selective is based on the old rules set for training by the Royal College. Although the training experiences for CBD residents are not as prescriptive, we need to have some guidelines around the experience of selectives, and for now they will be confined to the same experiences that the time-based residents have had. This could change as more guidance is sent to us from PGME and the Royal College. We are still working on how this will look.

2. Electives

The resident is responsible for scheduling their own Electives 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 (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.

Call is not expected by our program when you are on elective, but this may be a requirement of the site you have chosen.

3. Selectives

Historically, there are clearly defined Selectives for Time Based residents that have been mandated by the Royal College (see STRs). The program has the option to make some of these mandatory, which we have done in the past. The mandatory selectives were: 1 block of urogyn, 4 blocks of ambulatory

gynecology in R5, some community based or rural rotations. This was changed in July 2021. We removed the extra block of urogyn. The ambulatory blocks are still in place and unlikely to change (other than the timing in the year). The community rotations remain. It is likely that our scheduling will undergo further 'tweaking' as we assess the changes that we made for the 2021/2022 academic year.

The selective/elective blocks that can be chosen by a resident 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 two in this list (Pediatric and adolescent gynecology 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.

Call while on selectives: Residents will need to do call during some of their selectives. They will work with the Chief residents to decide which blocks they are needed to do call. We will try to accommodate your wishes. Since we removed a block each from REI and UROGYN, we will need to increase the number of selectives (probably to 4) in which call will need to be done.

G. 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, some 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.

H. 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 pic lab Health Advocacy
- 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.

*Note that for AHDs that include Journal Club, we are shifting the schedule one hour later, to allow staff to attend. It is likely that the residents who are on call those days will need to miss Journal club unless the extender coverage can be delayed.

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 LHHW, 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,

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

GHN/MCH/SCH: In the past each site had its own Grand Rounds schedule, with the COVID pandemic, however, they have joined the LHHW for rounds. This could become permanent.

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

Generalist Teaching: Alternate Tuesdays each month in lieu of subspecialty rounds at 0730 at the RAH only, teaching at the GnH by generalists is on Wednesdays.

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

Gyne Onc Tumor Board: Usually just attended by residents on gyn onc is Thursdays from 0730 - 0900.

4. Exams

Twice-yearly, OSCE exams are held. We have started a process that has an EPA involved in most stations, giving the opportunity for completing an EPA that may be difficult to achieve. In the final year Chief

Residents have "practice oral exams" 1 - 2 times per week. Residents participate in the SOGC 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 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 with an ITER.
- 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 meeting.
- e) Each resident is reviewed a minimum of twice each year at the competency committee.

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 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.

7. 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.

8. Annual Department Retreat

An annual retreat is held every year (we are aiming for June 2022 for this academic year) 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.

9. 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.

I. 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 must 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 week of the NICU/ob med block. This is a 1-day course, and the manual should be read prior to class.

2. Department Education Fund

The Department of OBGYN 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: <https://www.ualberta.ca/obstetrics-gynecology/education-programs/residents/forms-guidelines.html>) 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: <https://sogc.org/>

b) Managing Obstetrical Risk Efficiently (MORE)

MOREOB 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. MOREOB 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: <https://www.moreob.com/>

J. 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's 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](#))

K. 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. A new policy for CBD residents is to allow (even encourage) holidays to be taken (up to all 4 weeks) in place of a selective.