



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR
OSTEOPATHIC TRAINING IN
OBSTETRICS AND GYNECOLOGY**

**American Osteopathic Association
and the
American College of Osteopathic Obstetricians and Gynecologists**

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Basic Standards for Residency Training in Obstetrics and Gynecology

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ARTICLE I - INTRODUCTION

These are the basic standards for residency training in obstetrics and gynecology as approved by the American Osteopathic Association (AOA) and the American College of Osteopathic Obstetricians and Gynecologists (ACCOG). These standards are designed to facilitate the training of osteopathic residents in obstetrics and gynecology, and to prepare them for certification in obstetrics and gynecologic surgery.

ARTICLE II - PURPOSE

The primary purposes of an osteopathic training program in obstetrics and gynecology are:

- A. To provide didactic and clinical experience in the management of the reproductive process; diseases and disorders of the reproductive system; post reproductive disorders; and primary and preventative health care for women.
- B. To provide the resident with progressive experience and increasing responsibility in patient care while integrating osteopathic principles and practice.
- C. The residency program is required to provide a curriculum that promotes and assesses competencies in the following seven areas:

1. **Interpersonal and Communication Skills**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- a. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
- b. Exhibit effective listening, written and oral communication skills in professional interactions with patients and health professionals.

2. **Systems-Based Practice**

Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

- a. Understand national and local health care delivery systems and how they impact on patient care and professional practice.
- b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.

3. **Medical Knowledge**

Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine, and participate in life-long learning activities, including research.

- a. Demonstrate competency in the understanding and application of clinical medicine to patient care.
- b. Know and apply the foundations of clinical and behavioral medicine appropriate to their discipline.

4. **Osteopathic Philosophy and Osteopathic Manipulative Treatment**

Residents are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (omt) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning.

- a. Demonstrate competency in the understanding and application of omt appropriate to obstetrics and gynecology.
- b. Integrate osteopathic concepts and omt into the medical care provided to patients as appropriate.
- c. Understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

5. **Practice-Based Learning and Improvement**

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.

- a. Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.
- b. Understand research methods, medical informatics, and the application of technology as applied to medicine.

6. **Professionalism**

Residents are expected to uphold the osteopathic oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

- a. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
- b. Adhere to ethical principles in the practice of medicine.
- c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

7. **Patient Care**

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion. Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.

- a. Validate competency in the performance of diagnosis, treatment and procedures appropriate to obstetrics and gynecology.

- b. Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

- A. To be approved by the AOA for residency training in obstetrics and gynecology, an institution (hospital, college, organization or other training facility) must meet all the requirements as formulated in the *Residency Training Requirements of the AOA* and the documents outlining programs to accredit osteopathic postdoctoral training institutions (OPTI).
- B. The institution shall provide sufficient scope and volume to properly train a minimum of eight residents in any new program established after July 1, 2006. Existing programs are encouraged to expand their programs to this minimum level.
- C. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in obstetrics and gynecology. The library shall be in the charge of a qualified person who shall act as custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the residents. The institution shall maintain internet access and electronic mail (e-mail) addresses for both the program director and all residents in the program.
- D. The institution shall have adequately organized, full-time pathology and radiology services.
- E. There shall be evidence that the management of the institution and the professional staff give thought and personal effort to providing proper teaching for residents.
- F. All organized departments and services of the institution shall be coordinated to provide residents with the benefits of cooperation from all professional areas.
- G. The institution should have outpatient clinics or a formal arrangement for rotation in an outpatient facility. These clinics should be under the supervision of the teaching staff or the obstetrics and gynecology department.
- H. The institution, through its program director and director of medical education (DME), shall be responsible:
 - 1. To develop and maintain a written outline of the obstetrics and gynecology residency training program and submit it to the AOA with the initial application for a training program in obstetrics and gynecology.
 - 2. To review and revise the written outline of the training program at a minimum of every four (4) years and to submit the revision to the AOA and ACOOG.
 - 3. To submit a written description of the obstetrics and gynecology training program shall be submitted:
 - a. on application for any new training program in obstetrics and gynecology.
 - b. to resident applicants for a particular training program.
 - c. to residents/track interns on acceptance to a program.
 - d. to residents who apply for transfer into a new program.

4. The training program description shall be reviewed and revised when any substantive change occurs in a program; e.g., change in program director, hospital ownership/affiliation, or request for increase in residency positions.
 5. The current training program description shall be available for surveyors at the time of the survey.
 6. When residency programs are conducted in multiple institutions, each site shall be monitored by an associate program director who will report to the primary program director at the base institution.
 7. The medical education office shall maintain documentation of completion of the resident research requirement.
- I. The program director, in collaboration with the designated chair of the obstetrics and gynecology department and professional staff members, shall assume responsibility to provide training of the residents.
- J. The following departments must have qualified or certified persons responsible for training: radiology, pathology, internal medicine and general surgery.
- K. The institution, in collaboration with the program director, must provide a written policy and procedure for the selection of the residents or specialty track interns. Specialty track internships will be offered only where there is an active residency training program. Applicants for traditional and specialty track interns must fulfill the following criteria for their selection:
1. An appropriately filed application for the position.
 2. Personal observation of candidate on the obstetrics and gynecology service (if applicable).
 3. Personal interview.
 4. References
 5. Scores on National Board of Osteopathic Medical Examiners.
 6. Performance in osteopathic medical school, including a Dean's letter.
- No applicant will be discriminated against on the basis of sex, sexual orientation, race/ethnicity, or religion.
- L. The institution shall execute a contract with each resident in accordance with the ***Residency Training Requirements*** of the AOA.
- M. Upon satisfactory completion of the training program, the institution shall award the resident an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, and the name(s) of the training institution(s) and the program director(s).
- N. The institution shall demonstrate a commitment to the principle of training and education as the primary responsibility to the residents and program. Service, although an understood function and responsibility, shall not place this principle in jeopardy.
- O. The institution shall provide administrative support to the residency director by virtue of an appointed residency coordinator whose time commitment is commensurate with the number of residents and the duties of the program director.

- P. In order to recruit and retain program directors of the highest quality, the position of program director shall be compensated commensurate with the number of residents and duties inherent in the training program.
- Q. The institution shall fund the following meetings for professional development of the program director. Such programs and meetings are designed to maintain proficiency and professional development of the program director that ultimately benefits the residents, program and institution.
- Yearly attendance at the program director's retreat.
 - Attendance at a residency evaluation committee meeting every four years.
- R. The institution along with the program director will be responsible for compliance with the resident work hour policy. It is understood that certain institutions and state regulations may have policies that are at variance with the AOA promulgated policy. Under no circumstance shall the local policy be less restrictive than the AOA adopted policy.

ARTICLE IV - PROGRAM REQUIREMENTS

- A. A residency training program shall commence only after it has received the approval of the Executive Committee of the AOA's Council on Postdoctoral Training (COPT).
- B. The residency training program in obstetrics and gynecology may exist in either of the following structures:
1. Four (4) years in duration following completion of an AOA-approved rotating internship or
 2. Three (3) years in duration following the completion of an AOA-approved specialty track internship in obstetrics and gynecology (rotation schedule 3) see Model Program, Article IV, G.
 3. The program must count obstetrics/gynecology specialty track interns as a resident towards the total number of approved resident positions in obstetrics/gynecology.

Each program shall include training in gynecology, obstetrics, perinatology, genetics, endocrinology, infertility, family planning, human sexuality, oncology, psychosomatics, ultrasound and all other means of diagnosis and treatment through didactic and clinical experience. The integration of osteopathic philosophy, principles and practice should be an ongoing feature of the resident's training and experience.

- C. Basic science training should emphasize the relationships of anatomy, pathology, physiology, biochemistry and bacteriology as they relate to the specialty.
- D. The general educational content of the program shall include the following:
1. Obstetrics
 - a. The program shall provide the resident with experience in spontaneous vaginal deliveries, episiotomy repair, episiotomy with rectal extension repair, cervical and vaginal laceration repair, breech presentations, forceps deliveries, and cesarean sections. The program shall provide adequate scope and volume of cases to assure that each resident has the opportunity to develop competency to meet generally accepted standards of obstetrical practice.

- b. In addition, antenatal exposure should include, but not be limited to, a thorough understanding of prenatal risk assessment, gestational dating, fetal growth abnormalities, and embryonic and fetal loss. Further, experience shall be provided in prenatal diagnosis and genetic counseling. Additionally, experience should be provided in the management of pregnancy complicated by hypertensive disorders of pregnancy and other medical complications, RH and other incompatibilities, pregnancy hemorrhage, high risk fetus, fetal monitoring, malpositions, premature labor, multiple births, post-date pregnancy, dystocias, uterine rupture, labor induction and use of oxytocics, prostaglandins, amniocentesis and ultrasound.
- c. Antepartum and postpartum care may be provided either in outpatient clinics of the institution, affiliated institutions or in offices of certified or board eligible obstetricians and gynecologists if institutional clinics facilities are not available.
- d. Didactic lectures, panels and other types of educational programs shall include, but not be limited to, the anatomy of female genital tract and functional relationships, endocrinology of menstruation, amenorrhea, endocrinology of pregnancy, management of prenatal complications, anatomy, physiology, and pathology of infertility, problems of human sexuality, vaginitis in pregnancy, early and late abortion, including incompetent internal cervical os, management of septic shock, blood coagulation defects associated with placental abruption, amniotic fluid embolization, clinical evaluation of pelvic architecture, structural problems in pregnancy and application of osteopathic manipulative techniques, sex and marriage counseling and family planning methods and techniques.

2. Gynecology

- a. The program shall provide a surgical experience that will enable the resident to recognize gynecological and related pathology. The program shall provide adequate scope and volume of cases to assure that each resident had the opportunity to develop surgical competency consistent with the generally accepted standards of gynecological practice. It is further recommended that tubal ligation be a part of a residency training program.
- b. Office gynecology teaching shall include, but not be limited to, biopsy techniques, infertility, diagnostic and therapeutic programs, colposcopy, cryosurgery and minor surgery, Bartholin gland marsupialization, excision of cysts, cautery conization, dilation and curettage and suction curettage, local anesthesia such as transvaginal, pudendal and paracervical blocks, techniques in vaginal cytology, uterosalpingography and insufflation, vaginitis smear and culture techniques, pelvic infection and menstrual disorders.
- c. Didactic lectures, panels and other types of educational programs shall include, but not be limited to, principles of reproductive endocrinology, principles of the management of gynecologic oncology, gynecologic surgery and the female patient as a total personality, sphincter mechanisms of urinary bladder, hypogastric artery ligation in uncontrollable hemorrhage, structural problems in the female, principles of body mechanics in relation to pelvic support in women, differential diagnosis and management of chronic pelvic support in females, legal responsibilities in obstetrics and gynecology and other teaching modalities as may be provided by audio visual aids.

3. The training program shall provide an understanding of the behavioral characteristics involved in the interaction between the resident, the patient and the teaching staff. The program should enhance the ability of the resident to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care.
 4. Basic science or clinical research studies shall be encouraged. Time, facilities, and personnel should be provided whenever possible.
 5. The obstetrics and gynecology department shall hold regularly scheduled clinic-pathological conferences, cesarean section reviews and perinatal and maternal mortality reviews.
- E. If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.
- F. The base institution may arrange for supplemental training in a subspecialty or in special procedures. The institution may arrange for up to a total of twenty-five percent (25%) of the residency program as an outside rotation. Rotations in excess of twenty-five percent (25%) of the total residency must receive prior approval by the Council on Postdoctoral Training. In no case shall the outside rotation exceed fifty percent (50%). Outside rotations of more than six (6) consecutive months require prior approval by the AOA.
- G. All resident training programs in OB/GYN shall consist of a minimum of 48 months of postgraduate training and shall provide, as a minimum, training in the following areas:
- Obstetrics
 - Gynecologic Surgery/Gynecology
 - OB/GYN Ultrasound
 - Operative Laparoscopy/Hysteroscopy
 - Care Of The Newborn
 - Pathology/Cytology
 - Maternal-Fetal Medicine/Genetics
 - Gynecological Oncology
 - Reproductive Endocrinology
 - Urogynecology
 - Ambulatory Gynecology
- All programs must include a narrative description of how education in the care of the new born is provided in the program description.
- H. The following is a model program in obstetrics and gynecology utilizing the specialty track internship in obstetrics and gynecology as the first year of residency.

**Guidelines for a Residency Program In Obstetrics/Gynecology
Starting With A Specialty Track Internship**

First Year - Specialty Track Internship in Obstetrics and Gynecology

Internal Medicine

General Internal Medicine	- 2 months
Subspecialty Internal Medicine OR Intensive Care Unit	- 1 month
Family Practice, which must be conducted as an ambulatory experience	- 1 month
General Surgery	- 1 month
Gynecologic Surgery	- 2 months
Ambulatory Gynecology	- 1 month
Pediatrics or Equivalent	- 1 month
Obstetrics (hospital based)	- 3 months
OR	
Obstetrics (hospital based)	- 2 months
Pathology (Gynecologic) and Radiology (OB/GYN Ultrasound)	- 1 month

Continuity ambulatory experience for a minimum of one-half day per week throughout the year for a minimum of 46 weeks in Obstetrics and Gynecology.

One month of pediatrics or equivalent is required to meet AOA internship requirements. This can be met by a Neonatal I.C.U. rotation.

Second Year

Obstetrics/Gynecology Ultrasound	- 1 month or documented equivalent
Obstetrics	- 6 months
Gynecologic Surgery	- 5 months

Third Year

Pathology/Cytology	- 1 month or documented equivalent
Maternal Fetal Medicine/Genetics	- 1 month
Reproductive Endocrinology	- 1 month

Third Year (Cont'd)

Gynecologic Oncology	- 1 month or documented equivalent
Obstetrics	- 3 months
Gynecologic Surgery	- 5 months

Fourth Year

Obstetrics	- 6 months
Gynecologic Surgery	- 5 months
Urogynecology	- 1 month or documented equivalent

In addition, the resident will spend one-half day per week throughout the second, third, and fourth years of residency, when on obstetrics or gynecologic surgery, in an obstetrical clinic or gynecology clinic.

Summary of Four Year Specialty Track Training Program

Obstetrics	- 17 months
Gynecologic Surgery	- 18 months
General Surgery	- 1 month
Ambulatory Gynecology	- 1 month
Pediatrics or Equivalent	- 1 month
OB/GYN Ultrasound	- 1 month
Pathology/Cytology	- 1 month
Maternal-Fetal Medicine/Genetics	- 1 month
Gynecologic Oncology	- 1 month
Internal Medicine	- 3 months
Family Practice	- 1 month
Reproductive Endocrinology	- 1 month
Urogynecology	- <u>1 month</u>
Total	48 months

**Guidelines for a Residency Program In Obstetrics/Gynecology
for Four Year Residency
Following a Traditional Rotating Internship**

First Year

Obstetrics	- 4 months
Gynecology	- 4 months
Ambulatory Gynecology	- 1 month
Assigned per Program Director	- 1 month
OB/GYN Ultrasound	- 1 month or documented equivalent
Pathology/Cytology	- <u>1 month</u>
Total	12 months

In addition, the resident will spend one-half day per week throughout the four years of residency, when in obstetrics or gynecological surgery, in an obstetrical or gynecology clinic.

Second Year

Obstetrics	- 5 months
Gynecology	- 6 months
Reproductive Endocrinology	- <u>1 month</u>
Total	12 months

Third Year

Obstetrics	- 3 months
Gynecologic Surgery	- 5 months
Maternal Fetal Medicine	- 1 month
Gynecologic Oncology	- 1 month or documented equivalent
Electives (in-house or outside rotation)	- <u>2 months</u>
Total	12 months

Fourth Year

Obstetrics	- 5 months
Gynecology	- 5 months
Urogynecology	- 1 month or documented equivalent
Elective	- <u>1 month</u>
Total	12 months
Total	48 months

In addition, the resident will spend one-half day per week throughout the four (4) years of residency, when on obstetrics or gynecological surgery, in an obstetrical or gynecology clinic.

Summary of Four Year Training Program After Traditional Rotating Internship

Obstetrics	- 17 months
Gynecological Surgery	- 20 months
OB/GYN Ultrasound	- 1 month
Ambulatory Gynecology	- 1 month
Pathology/Cytology	- 1 month or documented equivalent
Maternal Fetal Medicine/Genetics	- 1 month
Gynecologic Oncology	- 1 month
Reproductive Endocrinology	- 1 month
Urogynecology	- 1 month
Electives	- 3 months
Assigned per Program Director	- <u>1 month</u>
Total	48 months

I. Advanced Standing

A physician may be granted advanced standing in an AOA-approved obstetrics and gynecology residency program for previous residency training taken in an AOA-approved or ACGME accredited program. Such determination will be made only after the resident has successfully completed a minimum of one (1) year of training in an AOA-approved obstetrics/gynecology residency program, during which time he/she shall be listed as a first year resident.

Advanced standing determination for obstetrics and gynecology will be based on the following criteria:

1. Review of residency logs and training from previous training program;
2. Review of previous practice experience;
3. Recommendation of the program director of the obstetrics/gynecology residency program based on review of the resident's performance during the resident's obstetrics/gynecology residency program and the ability of the resident to satisfy all requirements of the basic standards during his/her training.

The resident may receive up to two (2) years of credit for previous training in another specialty.

J. Transfers

Following an AOA internship full credit for satisfactorily completed obstetrics/gynecology training taken in an approved AOA or ACGME obstetrics and gynecology residency program may be recommended towards the completion of a current residency training program in obstetrics/gynecology. The resident may receive up to two (2) years of credit for previous training.

- K. In residency training programs conducted in multiple institutions, there shall be a qualified obstetrician/gynecologist on site appointed as associate program director who will report to the primary program director.

**ARTICLE V - QUALIFICATIONS AND
RESPONSIBILITIES OF THE PROGRAM DIRECTOR**

A. Qualifications

1. The program director must be certified by the AOA, through the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), in obstetrics and gynecology or in obstetrical and gynecological surgery and shall, by experience and teaching ability, be qualified to implement and conduct the residency training program. It is desirable to have at least one other diplomate of the AOBOG or a board eligible physician in the Department of Obstetrics and Gynecology.
2. The program director must meet the standards of the position as formulated in the Residency Training Requirements of the AOA.
3. The program director must be a member in good standing of the ACOOG as well as the AOA.

B. Responsibilities

1. The program director's authority in directing the residency and insuring the proper training environments must be defined in the institution's program.
2. The program director shall arrange affiliations and/or outside rotations necessary to meet the program objectives.
3. The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.
4. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
5. The program director shall be required to submit quarterly progress reports to the DME of the institution. These shall be reviewed with the resident on at least a twice-yearly basis and more frequently if deficiencies in progress are noted. These reports shall cover the resident's progress, acceptability as a prospective specialist and other factors pertinent to continuance of training. Annual reports shall be submitted to the ACOOG.
 - a. Any reports submitted by program directors that reflect negatively on the resident's progress or continuation within the program shall also contain recommendations to remediate the problems. This remediation may include repetition of rotations, increase in time to the total program length (>48 months) or discontinuation from the program. These recommendations shall be submitted to the director of medical education and administrator of the involved hospital, as well as the ACOOG. All recommendations of the program director as approved by the director of medical education shall be considered final.
6. The program director is responsible for assuring that all residents submit annual reports, including the Research Report Form, within thirty (30) days of completion of the training year. REC will not review any end of year program director reports or end of year resident reports which are not submitted, as verified by postmark, within thirty (30) days of completion of training year, until the program or resident respectively pays a delinquency fee of \$150.00 per delinquent year of training.
7. The program director or his designee shall attend the yearly program directors' retreat. The program director shall attend no less frequently than every two years. In the intervening years, the program director must be represented by a member of the obstetrics/gynecology department who is actively involved in the training program. Failure to comply with the annual attendance requirement may result in a recommendation for an immediate survey.
8. The program director shall participate in residency program surveys at the request of ACOOG and/or the AOA.
9. The program director shall maintain and inform the ACOOG of an e-mail address.
10. The program director will provide residents with information and guidance on the appropriate process for Board Certification by the American Osteopathic Association through the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

11. The program director along with the institution will be responsible for compliance with the resident work hour policy (Appendix I). It is understood that certain institutions and state regulations may have policies that are at variance with the AOA promulgated policy. Under no circumstance shall the local policy be less restrictive than the AOA adopted policy.
12. The program director shall attend a meeting of the residency evaluation committee at least every four years.
13. The program director shall attend a meeting of the AOBG Clinical Examination at least every four years.
14. The program director shall review the annual CREOG examination with each resident and provide appropriate guidance and counseling as necessary.
15. The program director or his designee shall provide appropriate guidance to the resident for completion of a satisfactory research project.
16. The program director shall foster a collaborative relationship with the departmental chairperson, director of medical education, staff physicians and the other institutional administrators to enhance the education and training of the residents and faculty.
- 17. The program director shall be a member in good standing of the American College of Osteopathic Obstetricians and Gynecologists. The program director shall endeavor at all times to set a benchmark of professional behavior consistent with, or exceeding, the code of ethics of the ACOOG and the AOA.**
- 18. The program director shall keep the ACOOG advised at all times of a working e-mail address. The program director shall annually retrieve his/her annual evaluation of the program director and the program faculty as performed by the residents within sixty (60) days of the end of each training year and assure that these evaluations are reviewed annually with the director of medical education.**

ARTICLE VI - RESIDENT REQUIREMENTS

- A. Applicants for residency training in obstetrics and gynecology must:
 1. Have graduated from an AOA accredited college of osteopathic medicine.
 2. Have satisfactorily completed a one-year AOA approved internship.
 3. Be and remain members of the AOA during resident training.
 4. Be licensed in the state in which training is conducted.
- B. During the training program the resident must:
 1. Maintain satisfactory records of work performed, which shall be submitted monthly to the program director for review and verification. These reports shall then be filed monthly with the administrator or director of medical education of the institution.

2. **Submit annually, verified by the signature of the program director, a training program report to the ACOOG within thirty (30) days of the end of each year's training. The resident must also complete an annual evaluation of the program director and program faculty in a format as required by the ACOOG. If either of these annual reports is received after the thirty (30) day deadline, reports will not be reviewed by the REC without a late fee of \$150.00 per year being paid.**
3. Receive adequate exposure to medical research/research review skills and methods of presentation.

Options for meeting the above requirement shall be determined by the program director and shall include any of the following:

- a. Conducting, writing and presenting of original research studies (basic science, clinical studies, health sciences);
 - b. Conducting, writing and presenting retrospective studies (medical records analysis);
 - c. Conducting, writing and presenting a case series to include a review of the literature.
4. Participate in the activities of the following staff committees or boards: infant and maternal mortality and morbidity review, surgical mortality review, tumor board, clinico-pathology conferences and any other programs related to obstetrics and gynecology (i.e., weekly conference programs embracing pathology, medicine and radiology).
 5. Participate in the teaching of interns and externs.
 6. Residents are required to take the annual residency evaluation examination. All program directors shall use the results of this examination to improve their individual programs; they shall also make the results available to the residency inspectors along with the improvements they have made to their programs as a result thereof.
 7. The resident shall annually submit on proper forms to the central office of ACOOG:
 - a. An evaluation of the program director, and
 - b. An evaluation of the program faculty.
 8. A resident in his/her second year of residency training must attend the ACOOG midyear postgraduate program. This requirement will be extended to the third year of training if a formal written excuse is submitted to the ACOOG REC.
 9. **The resident shall register as a candidate member of the ACOOG within sixty (60) days of matriculating to the residency program and keep the ACOOG informed of a working e-mail address at all times. Failure to do so will result in a late fee of \$50.00 which will be paid prior to the REC review of the end-of-year training reports. The resident will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG and the AOA. Candidate members do not pay dues to ACOOG.**

APPENDIX A

RESIDENT WORK HOURS AND SUPERVISION POLICIES

It is recognized that excessive numbers of hours worked by resident physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, director of medical education (DME) and residency program director must maintain a high degree of sensitivity to the physical and mental well being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

A. Work Hours

1. The following work hour policy will apply to all residents in all specialties.
 - a. The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call.
 - b. The resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after twenty-four (24) hours.
 - c. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported. (See Moonlighting Policy.)
 - d. The resident shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.
 - e. Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
 - f. All off-duty time must be totally free from assignment to clinical or educational activity.
 - g. Those rotations requiring the resident to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.
 - h. The resident and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.
 - i. The resident may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.
2. The training institution shall provide an on-call room for residents, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

B. Moonlighting Policy

Any professional clinical activity (moonlighting) performed outside of the official residency program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the resident must be approved or disapproved by the Program Director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's housestaff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

C. Supervision

Each obstetrics and gynecology training department shall have a sufficient number of clinical trainers available to assure the residents exposure to appropriate educational philosophies in the diagnosis and management of the patient.

This faculty will also participate in the supervision and evaluation of the residents clinical and professional performance as well as to counsel residents when indicated and requested.

Throughout the training program, the residents will receive supervision which will be progressive and adjusted to their training and qualification (performance) level. At the conclusion of each training year, the program director, in conjunction with the faculty, will determine whether each resident may progress to the next training year level. Each residency year level involves progressive clinical responsibility. Responsibility may vary among residents in a program at the same educational level, dependent on individual rates of progress and qualifications. However, supervision shall be available at all times throughout the entire residency program. These supervision requirements shall apply both to hospitals and ambulatory training sites.

APPENDIX B

MODEL HOSPITAL POLICY ON ACADEMIC AND DISCIPLINARY DISMISSALS

In July 1993, the Board of Trustees of the American Osteopathic Association adopted the following policy:

The hospital and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the hospital and department will inform trainees, orally and in writing, of inadequacies and their effects on academic standing. The trainee will be provided a specified period in which to implement specified actions required to resolve academic deficiencies. Following this period, if academic deficiencies persist, the trainee may be placed on probation for a period of three (3) to six (6) months. The trainee may be dismissed following this period, if deficiencies remain and are judged to be unremediable. In accordance with institutional policy, the trainee will be provided an opportunity to meet with evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judged unremediable, the hospital and department will provide the trainee with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the trainee's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds which are not supported by substantial evidence. The department and/or hospital intern training committee, or house staff education committee, or other appropriate committees will act as the disciplinary authority. Trainees may be allowed counsel at hearings concerning disciplinary issues. Pending proceedings on such disciplinary action, the hospital in its sole discretion may suspend the trainee, when it is believed that such suspension is in the best interests of the hospital or of patient care.