

San Antonio Uniformed Services Health Education Consortium (SAUSHEC)  
Obstetrics & Gynecology (OB/GYN) Resident Supervision Policy  
9 July 2012

The following is the resident supervision policy specifically for the SAUSHEC OB/GYN Residency Program. This policy is not meant to supersede, but will supplement the SAUSHEC Training Supervision Policy and the institutional policies in place at Wilford Hall Ambulatory Surgery Center (WHASC) (MWI 44-71) and the San Antonio Military Medical Center (SAMMC) (SAMMC Memo 40- 181). These guidelines are to be followed by residents and staff assigned or working within the SAUSHEC Department of OB/GYN. Definitions of supervision, a resident trainee and a supervising staff provider will be those delineated in the SAUSHEC Trainee Supervision Policy originally dated May 2002 and updated annually.

1. General supervision policy:

- All OB/GYN residents working at SAMMC, WHASC, and Carl R. Darnall Army Medical Center (CRDAMC) are under the general supervision of the SAUSHEC faculty members. The faculty members are responsible for resident actions as long as the residents are in compliance with the specific guidelines set forth in this document and in the SAUSHEC training supervision policy. These general supervision policies may be referenced in the SAUSHEC residency policy book and/or the SAUSHEC website at <http://www.sammc.amedd.army.mil/saushec/index.asp>
- The requirements for OB/GYN resident supervision are intended to provide for high quality patient care, ensure patient safety, and ensure residents are gradually provided increased levels of responsibility for patient management and performance of procedures. This will allow residents to develop the ability to become independently functioning credentialed providers upon graduation from the SAUSHEC OB/GYN program. Supervision will be accomplished by faculty members as well as by senior residents for junior residents. Residents will be given responsibilities for patient care commensurate with their level of training and demonstrated performance. Resident performance will be evaluated by written evaluations of resident performance as well as direct observation by supervising faculty members. The mechanism of documentation of the level of procedures that residents are capable of performing will utilize the currently existing SAUSHEC OB/GYN Procedure Evaluations and the web-based Procedure Logger. The Procedure Evaluations and the Procedure Logger will be utilized by the residents and the faculty members within the Department of OB/GYN to document improvement in performing a given procedure. This policy applies to all faculty members and resident physicians assigned to the SAUSHEC Department of OB/GYN, which includes SAMMC, WHASC, and CRDAMC. The Residency Program Director for the SAUSHEC OB/GYN residency is responsible for implementation of this program. All faculty members are responsible for ensuring compliance with this policy.

## 2. Job Description for OB/GYN Resident Physicians

### Position Descriptions for Resident Physicians Specific to Resident year Level

➤ **R 1 (Junior Residents or Interns)**

Residents are introduced to the principles of Obstetrics and Gynecology. They are further exposed to related fields of Primary Care. R 1 residents also learn principles of Critical Care Medicine, Pediatrics and Emergency Medicine and Research .

➤ **R 2 (Junior Residents)**

Residents have continued training in Obstetrics and Gynecology, with introduction to the areas of Reproductive Endocrinology and Infertility, Gynecologic Oncology, and Research.

➤ **R 3 (Senior Residents)**

Residents obtain more experience with complex cases in Obstetrics and Gynecology, Gynecologic Oncology, Reproductive Endocrinology and Infertility and Urogynecology. R 3 residents supervise junior residents in routine cases.

➤ **R 4 (Chief Residents)**

Perform at advanced level in the areas of Obstetrics and Gynecology, including Maternal Fetal Medicine, Reproductive Endocrinology/Infertility, Urogynecology, and Gynecologic Oncology and undertake an administrative and supervisory role within the Department.

3. The goal of the residency program and Department of OB/GYN is graduated development of obstetrics and gynecologic judgment and skills. Accordingly, the procedures that may be performed are determined by residency year level. Residency competency will be based upon year level in residency, as well as continued direct evaluation by faculty member physicians, the procedure evaluations, procedure loggers, and the residency program director. The levels are defined as follows:

- Level 1 – available to all OB/GYN residents after Procedure Logs document proficiency for some of these specific procedures
- Level 2 – available to all OB/GYN residents, level R2 and above, and require direct faculty member or chief resident or R3 observation and presence
- Level 3 – available to OB/GYN residents, level R3 and above, and requires direct faculty member supervision and presence

- Level 4 – available to chief (R4) OB/GYN residents and requires direct faculty member supervision and presence
- Level 5 – all procedures which require direct faculty member supervision and presence

4. The Procedure Evaluations and the Procedure Logger currently utilized by the Department of OB/GYN at each year level will be the guide for determining competency for each procedure. Residents may progress through the year level specific procedures and responsibilities at different rates. A resident at a given year level may progress more rapidly and the faculty member signature confirming competency on a specific procedure that the resident is proficient in performing will allow the resident to perform the procedure with direct faculty member supervision and presence.

- **Level 1** privileges will be available to all OB/GYN residents after proficiency has been signed off on the Procedure Evaluations and the Procedure Logger for their year level:

- 1) Performance of history and physical examination of OB/GYN patients
- 2) Perform routine prenatal and gynecological care
- 3) Examine and admit patients in labor
- 4) Evaluate for ruptured membranes
- 5) Apply internal monitoring devices
- 6) Monitor oxytocin infusion
- 7) Manage uncomplicated first, second, and third stage of labor, up to and including spontaneous vaginal delivery (Must perform at least five supervised vaginal deliveries prior to performing deliveries unsupervised and noted in the procedure logger.)
- 8) Obtain blood cultures
- 9) Perform arterial puncture
- 10) IV line insertion
- 11) Vena puncture
- 12) Epigastric tube placement
- 13) Order writing to include antibiotics, heparin, magnesium sulfate, pitocin, and Indocin
- 14) Postoperative order writing for major surgery, postoperative cesarean, and vaginal delivery
- 15) Perform clinical telemetry
- 16) Labor and delivery cervical examination
- 17) Nonstress test interpretation (Only after completing first obstetric rotation)
- 18) Sterile speculum examination
- 19) Episiotomy/Vaginal Laceration and episiotomy/Vaginal Laceration repair
- 20) Manual exploration of the uterus, perform assisted delivery of the placenta
- 21) Provide immediate routine newborn care and resuscitation
- 22) Perform infant circumcision
- 23) Perform pudendal anesthesia and local anesthesia
- 24) Interpret antepartum fetal testing, electronic fetal monitoring (must meet previous established guidelines for fetal heart rate interpretation including completion of one obstetric rotation prior to having staff document proficiency)
- 25) Perform breast examination
- 26) Pelvic examination Pap smear

- 27) Endometrial biopsy
- 28) Diaphragm fitting
- 29) Depo-Provera counseling and administration
- 30) TCA application
- 31) Remove surgical drain
- 32) Remove skin suture and staples
- 33) Breast cyst aspiration
- 34) Performance of a wet mount, KOH and treatment of vulvovaginitis
- 35) Provide family planning counseling
- 36) Surgical assistance in gynecological procedures
- 37) Suction dilation and curettage
- 38) Foley placement
- 39) Colposcopy and colposcopy directed biopsies
- 40) Vulvar biopsy-Punch biopsy and excisional
- 41) Laminaria insertion
- 42) IUD insertion, removal/counseling
- 43) Norplant insertion/removal
- 44) Hysterosalpingograms
- 45) Semen preparation and intrauterine insemination

These level 1 procedures may be directly supervised by R2 through R4 residents once the R2-4 residents have confirmed proficiency on their Procedure Evaluations and Procedure Logs.

➤ **Level 2** privileges are available to all OB/GYN residents at R2 level and above:

- 1) Basic pregnancy ultrasound studies including obtaining amniotic fluid index and confirmation of intrauterine pregnancy
- 2) Management of Bartholin's abscess (placement of Word catheter)
- 3) Diagnostic hysteroscopy
- 4) Amniocentesis
- 5) Cervical laceration repair
- 6) Third degree laceration repair
- 7) Loop electrosurgical excisional procedure (LEEP)
- 8) Manual placental extraction

After demonstrating proficiency in the above required skills and after having this signed off by a faculty member on their Procedure Evaluations and Procedure Logs, and with confirmation of the program director, these procedures may be performed by the R2 resident with direct faculty member supervision.

➤ **Level 3** privileges available to all OB/GYN residents, R3 and above:

- 1) Outlet and low forceps delivery without rotation
- 2) Vacuum extraction, outlet and low
- 3) Management of high risk obstetrical patients

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- 4) Evacuate vaginal perineal hematoma
- 5) Fourth degree laceration repair
- 6) Extensive vaginal laceration repair
- 7) Transvaginal sonography to confirm intrauterine pregnancy and rule out ectopic pregnancy

After demonstrating proficiency in the above required skills and after having their Procedure Evaluations and Procedure Logger signed by a faculty member and with confirmation by the residency program director, these procedures may be performed by the R3 resident with the direct supervision of the faculty member.

➤ **Level 4** privileges available to all chief (R4) residents:

- 1) Low forceps with greater than 45° rotation
- 2) Paracentesis/thoracentesis
- 3) Cesarean section
- 4) External cephalic version
- 5) Operative laparoscopy
- 6) Operative hysteroscopy
- 7) OB/GYN consultation on inpatients or from other hospital services
- 8) Tubal ligation via mini laparotomy or laparoscopic techniques or postpartum or at the time of cesarean section
- 9) Treating an ectopic pregnancy with methotrexate
- 10) Urinary cystometography and urodynamics

After demonstrating proficiency in the above required skills and after having their Procedure Evaluations and Procedure Logger signed by a faculty member and with confirmation by the residency program director, these procedures may be performed by the R4 resident with the direct supervision of the faculty member.

➤ **Level 5** privileges require the presence and supervision of faculty member:

- 1) Patient in refractory shock
- 2) Bowel or bladder laceration
- 3) Uncontrolled hemorrhage
- 4) Vaginal twin delivery
- 5) Vaginal breech delivery
- 6) Cesarean hysterectomy
- 7) Hypogastric artery ligation
- 8) Surgical management of second trimester abortion
- 9) Gynecological oncology surgery
- 10) Transfer of patient to the ICU acutely
- 11) End of Life decision making processes

5. Of note, these guidelines do not apply to emergency or life threatening conditions. Any resident year level may perform the necessary procedures in order to preserve life in these

emergency situations if mandated by the circumstances. The resident is obligated to request assistance immediately; however, provision of care should not be delayed until the faculty member arrives if deemed necessary by the emergent circumstances.

6. The preceding list is not meant to be inclusive or restrictive of procedures that residents may be called upon to perform. It is meant to serve as a guideline only. Approval by a credentialed faculty member of the Department of OB/GYN for a resident to perform a procedure supersedes these guidelines and will be determined on an individual basis. Ultimately, the supervising OB/GYN faculty member is responsible for the care of the patient and for the conduct and performance of all residents under their supervision. The only exception occurs when a resident willfully disregards hospital policy or the directions of the faculty member supervisor, conceals his or hers intentions or actions from the staff supervisor, or performs medical care outside the scope of normally delegated responsibility without the knowledge and approval of the supervisor. Annually, the residency program director and the Resident Evaluation Committee will determine if residents can progress to the next higher level of training.

7. All OB/GYN patients evaluated in the emergency room by an R1 resident will also be presented to a R2 or higher level resident for concurrence prior to discharge from the emergency department or from Labor & Delivery.

8. All outpatient visits provided by trainees will be done under the supervision of the faculty member. The faculty member will interview and examine the patient at the staff's discretion, at the trainee's request, or at the patient's request. The faculty member has full responsibility for care provided, whether or not he or she chooses to personally verify the interview and examination. The name of the responsible supervising faculty member will be clearly recorded in the patient record. All outpatient procedures will have the staff of record documented on the procedure note and that faculty member will be ultimately responsible for the outpatient procedure. The faculty member responsible for the residents' clinics, including continuity clinics, will be the consultant for the clinic on that given session for all clinics except for OB clinics or Sub-specialty clinics where the OB faculty member and the sub-specialty clinic consultant for that clinic will be the supervisor of record.

9. All other instances for resident supervision including inpatient, operating room and consultation care will follow the SAUSHEC Trainee Supervision Policy found in the resident handbook

10. Transition of Patient Care ("board checkouts") is a significant patient safety issue and a daily educational event in the SAUSHEC OB/GYN Program. Transition of Care occurs Monday through Friday at 0700 hours, and 1730 on Monday through Thursday afternoons and 1700 on Friday afternoons. Saturday, Sundays and Holidays, Transitions of Care occur at 0800 in the morning, 2000 hours on Saturday evening and 1700 hours on Sunday afternoons. R4, R3, R2 and R1 residents are present at board checkouts as well as at least one faculty member.

At board checkouts, the OB/GYN team discusses each patient with the call team or the night float team. Patients are tracked using a computer generated patient list with highlighted medical concerns and treatment plans. Additionally, a large whiteboard in the team room is used to track active patients needing the team's attention. SBAR was developed to open up discussion between team members. The **S**ituation, the **B**ackground, the **A**ssessment, and the **R**equest or **R**ecommendation system was created so that any team member could bring an issue up at any time if it concerned the individual team member. This has worked quite well for patient safety issues.

Board checkouts are a key ingredient in patient safety and patient care. We remind our resident physicians that there is always a patient and psychosocial issues attached to that patient. Our residents have grasped this concept well as we instruct them to treat each patient as an individual. To communicate this concept at Board checkouts, individual patient's are presented with their medical problems and pertinent psychosocial issues in such a manner to show respect for the patient and their family. Secondly, we instruct the residents in the art of communicating this information at Board checkouts in such a way as to honor the privacy of each individual patient and issue. We have found that our residents have keen respect for patient privacy. The residents learn to share confidential information at board check outs. The residents and faculty find that using this process allows us to communicate the patient's medical problems, concerns and the stated plan. And, of course, sometimes the plan changes. Board checkouts often will allow a group of residents to grapple with ethical issues such as very early preterm labor and infant viability or a patient who has a child with a severe anomaly who desires termination. Board check outs often lead to conversations with faculty members and residents focused on how to approach a patient with the above issues.

11. The OB/Gyn residency follows SAUSHEC's Supervision Policy (Section VIII) for support staff verification of procedural competence. The inhouse staff may be contacted 24/7 to confirm what residents can do without direct supervision.

ProcedureLog target

R 1 Amb OB: Clinical Pelvimetry	1
R 1 Amb OB: Pelvic Examination	1
R 1 Amb OB: Sterile Speculum Exam	1
R 1 Amb OB: L&D Cervical Exam	1
R 1 Gen Procedure: Nasogastric tube placement	1
R 1 Inpt GYN: Diag Lap/Chromopertubation	1
R 1 Inpt GYN: 2nd Assist on Abd Hyst	1
R 1 Inpt GYN: 2nd Assist on Vag Hyst	1
R 1 Inpt GYN: Diagnostic Hysteroscopy	1
R 1 Inpt GYN: Foley Placement	1
R 1 Inpt GYN: Suction Curettage	1
R 1 Inpt OB: Episiotomy Placement	1
R 1 Inpt OB: Episiotomy Repair	1
R 1 Inpt OB: Amniotomy	1
R 1 Inpt OB: FSE Placement	1
R 1 Inpt OB: IUPC Placement	1
R 1 Inpt OB: Local Perineal Anes. Block	1
R 1 Inpt OB: Outlet Forceps	5
R 1 Inpt OB: Outlet Vacuum	5
R 1 Inpt OB: SVD (after 1st OB rot)	5
R 1 OB: NST Interpretation(after 1st OB rot)	1
R 1 OB: FHR Tracing Interp(after 1st OB rot)	1
R 1 Office Proc: Breast Cyst Aspiration(proficiency not required)	1
R 1 Office Proc: Breast Examination	1
R 1 Office Proc: Clinical Pelvimetry	1
R 1 Office Proc: Culdocentesis	1
R 1 Office Proc: Depo Provera Counseling/Admin	1
R 1 Office Proc: Endometrial Biopsy	1
R 1 Office Proc: Gynecologic Pelvic Admin	1
R 1 Office Proc: IUI	1
R 1 Office Proc: Pelvic Exam/Pap Smear	1
R 1 Office Proc: Remove Drain	1
R 1 Office Proc: Remove Skin Suture	1
R 1 Office Proc: TCA/Podophyllin Application	1
R 1 Office Proc: Wet Mount	1
R 1 Order Writing: Antibiotic	1
R 1 Order Writing: Heparin	1
R 1 Order Writing: Indocin	1
R 1 Order Writing: MgSO4	1
R 1 Order Writing: Pitocin	1
R 1 Order Writing: Postop Major Surgery	1
R 1 Order Writing: PPartum Vaginal Delivery	1
R 1 Order Writing: Postop Cesarean	1
R 2 Gynecology: Appendectomy	1
R 2 Gynecology: Cone Biopsy	1
R 2 Gynecology: Diagnostic Hysteroscopy	1
R 2 Gynecology: Exploratory Laparotomy	1
R 2 Gynecology: Fractional D&C	1
R 2 Gynecology: Ovarian Cystectomy	1
R 2 Gynecology: Retention Suture Placement(proficiency not required)	1
R 2 Gynecology: Suction Curettage	1

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R 2 Gynecology: Tubal Ligation- Minilaparotomy	1
R 2 Gynecology: Tubal Ligation-At Cesarean	1
R 2 Gynecology: Tubal Ligation-Band/clip	1
R 2 Gynecology: Tubal Ligation-Cautery	1
R 2 Gynecology: Tubal Ligation-Postpartum	1
R 2 Gynecology: Vulvar Laser Treatment(proficiency not required)	1
R 2 Obstetrics: 3 degree Laceration Repair	1
R 2 Obstetrics: 4 degree Laceration Repair	1
R 2 Obstetrics: Amniocentesis	1
R 2 Obstetrics: C/S - Primary	1
R 2 Obstetrics: Cervical Laceration Repair	1
R 2 Obstetrics: Low Forceps w/o Rotation	1
R 2 Obstetrics: Low Forceps with Rotation >45	1
R 2 Obstetrics: Manual Placental Extraction	1
R 2 Obstetrics: Pudendal Nerve Block	1
R 2 Obstetrics: Vacuum Extraction - Low	1
R 2 Obstetrics: Vacuum Extraction-Outlet	1
R 2 Office Proc: Contraceptive Implant Counseling	1
R 2 Office Proc: Bartholin Abscess I&D	1
R 2 Office Proc: Cervical Cryotherapy (proficiency not required)	1
R 2 Office Proc: Colpo/Biopsy/ECC	1
R 2 Office Proc: Contraceptive Implant Insertion	1
R 2 Office Proc: Contraceptive Implant Removal	1
R 2 Office Proc: Culdocentesis	1
R 2 Office Proc: HSG	1
R 2 Office Proc: IUD Insertion/Removal/Counsel	1
R 2 Office Proc: Laminaria Insertion	1
R 2 Office Proc: LEEP	1
R 2 Office Proc: Office Hysteroscopy	1
R 2 Office Proc: Pessary Placement	1
R 2 Office Proc: Transvaginal Sonography-Ectopic	1
R 2 Office Proc: Transvaginal Sonography-IUP	1
R 2 Office Proc: Vulvar Biopsy-Excisional	1
R 2 Office Proc: Vulvar Biopsy-Punch	1
R 2/3/4 Research Req: Collect & analyze data	1
R 2/3/4 Research Req: Identify research project	1
R 2/3/4 Research Req: Meet Grad Requirement	1
R 2/3/4 Research Req: Present research@meeting	1
R 2/3/4 Research Req: Write Manuscript	1
R 2/3/4 Research Req: Write& submit IRB protocol	1
R 3 GYN: Adnexectomy	1
R 3 GYN: Chemotherapy Administration (proficiency not required)	1
R 3 GYN: Colpotomy	1
R 3 GYN: Cone Biopsy	1
R 3 GYN: Ectopic Preg-Lap Salpingectomy	1
R 3 GYN: Ectopic Preg-Methotrexate Therapy	1
R 3 GYN: Ectopic Preg: Lap Linear Salpingostomy	1
R 3 GYN: Hysteroscopic Myomectomy	1
R 3 GYN: Laparoscopy-Adhesiolysis	1
R 3 GYN: Laparoscopy-Complex	1
R 3 GYN: Laparoscopy-LUNA (proficiency not required)	1
R 3 GYN: Laparoscopy-Simple	1
R 3 GYN: Myomectomy	1
R 3 GYN: Operative Hysteroscopy	1

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R 3 GYN: Perineoplasty	1
R 3 GYN: R 3 GYN: Ovarian Cystectomy	1
R 3 GYN: TAH-Simple	1
R 3 OB: 4 degree Laceration Repair	1
R 3 OB: C/S Breech	1
R 3 OB: C/S Multiple Gestation	1
R 3 OB: C/S-Repeat	1
R 3 OB: Cervical Cerclage-McDonald (proficiency not required)	1
R 3 OB: Dilation and Extraction	1
R 3 OB: Extensive Vaginal Laceration Repair	1
R 3 OB: External Cephalic Version	1
R 3 OB: Low Forceps w/rot-Classic inst	1
R 3 OB: Low Forceps w/rot-Kiellands (proficiency not required)	1
R 3 OB: Postpartum Curettage	1
R 3 OB: Vaginal Delivery-Multiple Gestation	1
R 3 Office Proc: Bartholin Abscess Marsup.	1
R 3 Office Proc: Cryosurgery(proficiency not required)	1
R 3 Office Proc: FNA of Breast Lesion(proficiency not required)	1
R 3 Office Proc: Sexual Assault Eval	1
R 3 Office Proc: Urinary Cystometry	1
R 4 GYN: Anterior Colporrhaphy	1
R 4 GYN: Endometrial ablation (Novasure/Thermachoice)	1
R 4 GYN: Enterocele Repair	1
R 4 GYN: Laparoscopic Adnexectomy	1
R 4 GYN: Laparoscopic Cystectomy	1
R 4 GYN: LAVH (proficiency not required)	1
R 4 GYN: Op Hysteroscopy - Resectoscopy	1
R 4 GYN: Op Hysteroscopy-Rollerball Ablation(proficiency not req)	1
R 4 GYN: Ovarian Ca Staging Laparotomy (proficiency not required)	1
R 4 GYN: Paravaginal Repair	1
R 4 GYN: Posterior Colporrhaphy	1
R 4 GYN: Presacral Neurectomy(proficiency not required)	1
R 4 GYN: Radical Hysterectomy(proficiency not required)	1
R 4 GYN: Rectovaginal Fistula Repair(proficiency not required)	1
R 4 GYN: Repair of Bladder Laceration	1
R 4 GYN: Repair of Enterotomy	1
R 4 GYN: Retropubic-Burch/MMK	1
R 4 GYN: Sacral Colpopexy(proficiency not required)	1
R 4 GYN: Sacrospinous Ligament Suspension(proficiency not required)	1
R 4 GYN: Suburethral/Vaginal-Sling (proficiency not required)	1
R 4 GYN: TAH-Complex	1
R 4 GYN: Tandem and Ovoid Placement(proficiency not required)	1
R 4 GYN: Tubal Anastomosis (proficiency not required)	1
R 4 GYN: Vag Hyst - Complex	1
R 4 GYN: Vag Hyst - Simple	1
R 4 GYN: Op Hysteroscopy: Essure tubal occlusion (prof not required)	1
R 4 GYN: Suburethral/Vaginal (TET/TOT) (proficiency not required)	1
R 4 OB: Breech Extraction of 2nd Twin	1
R 4 OB: Cervical Cerclage-Shirodkar	1
R 4 OB: Cesarean Hysterectomy(proficiency not required)	1
R 4 OB: Genetic Amniocentesis	1
R 4 OB: Midforceps(proficiency not required)	1
R 4 OB: Targeted Sonogram	1
R 4 OB: Uterine Artery Ligation (proficiency not required)	1

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R 4 OB: Vaginal Breech Delivery	
R 2/3/4 Research Req: Collect & analyze data	1
R 2/3/4 Research Req: Indentify research project	1
R 2/3/4 Research Req: Meet Grad Requirement	1
R 2/3/4 Research Req: Present research@meeting	1
R 2/3/4 Research Req: Write Manuscript	1
R 2/3/4 Research Req: Write& submit IRB protocol	1