

Altru Family Medicine Obstetrical Fellowship Handbook



PURPOSE

The purpose of the Fellow Handbook is to summarize information, policies and responsibilities regarding the Altru Family Medicine Obstetrical Fellowship. Much of the material is reviewed during Orientation Week and at other times during the Fellowship. This Handbook should allow each fellow to review core material whenever necessary.

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General Program Information

General Overview

The Altru Family Medicine Center Obstetrics Fellowship will offer advanced and intensive training to those interested in practicing obstetrical care in a rural community. Typically, these areas are underserved, not staffed by specialty services and often great distances from referral centers. Family physicians serving these populations need unique preparation and qualification. It is our intention to help provide the experience and training needed by these physicians.

The OB fellow will have graduated from an accredited three-year family medicine residency and will be a licensed family physician. Two fellows will be accepted each year. Specific rotations will be offered throughout the year. The OB fellow will be expected to take OB call throughout the year and will maintain a continuity clinic 2-4 1/2 days per week at the Altru Family Medicine Residency.

Required rotations include:

- Elective (2 weeks)
- Family Practice Teaching Service Attending (2 weeks)
- Gynecology (8 weeks)
- Labor and Delivery Management (32 weeks)
- Neonatology (4 weeks)
- Obstetrics ultrasound (2 weeks)
- Urology (2 weeks)

Specific skills to be acquired during the yearlong Fellowship include:

- Triage and management of general labor and delivery patients
- Management of high-risk obstetrical patients
- Competency and surgical management of obstetrical patients
- Exposure and potential opportunity to develop competency in additional procedures such as colposcopy, D&C, LEEP, tubal ligation, and vasectomy
- Continue exposure to inpatient and outpatient family medicine care

Program Goals And Objectives

Goals:

- Obtain competency in performing cesarean delivery in scheduled, urgent and emergent situations
- Perform high risk deliveries including operative vaginal deliveries
- Manage high risk obstetrical patient, including managing antepartum, intrapartum and postpartum complications
- Core competencies: PPRM, preterm labor, chorioamnionitis, preeclampsia/hypertensive disorders in pregnancy, diabetes in pregnancy, multiple gestation, fetal growth disorders, placenta previa, placental abruption, postpartum hemorrhage
- Provide continuity of care by following preoperative, intrapartum, postpartum and postoperative patients
- Be able to efficiently and effectively manage labor and delivery unit
- Understand pelvic anatomy
- Better understanding for general gynecologic care

- Contraception/sterilization counseling including intrauterine device and implant placement
- Cytology screening and management of abnormal results including performing colposcopy
- Act as a peer mentor/educator for residents and medical students
 - Help new residents and students orient to the OB rotation
 - Teaching residents and medical students while they are on their OB rotation
- Give 3 presentations during the year (2 for perinatology lecture series and 1 for the gynecology lecture series)

Objectives:

- An optimal learning environment based on strong obstetrical experience and a special opportunity to provide care in coordination with OB-GYN and family medicine physicians
- Clinical curiosity and self-evaluation skills
- Attainment of competence in medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice
- Appropriate self-confidence by encouraging autonomy commensurate with development
- Strong role modeling from experienced clinicians combining scholarship and substantial practice

Teaching Facilities

Family Medicine Residency (FMR)

Location: 725 Hamline Street, Grand Forks, North Dakota 58203

Hours: Appointments – 8:00 am – 5:00 pm

Building Security:

- Altru Family Medicine Residency must be secure during non-working hours. Should you discover a security problem, please notify UND Police at 777-2591 and Altru Security 780-5000.
- All fellows will be given an identification badge that gives them access to the entrance at the back of the building.

Altru Hospital

Site for the majority of in-hospital educational program. Each fellow must apply for staff designation and appropriate privileges.

Pagers

The beepers that you carry belong to Altru Health System. Batteries may be obtained at the Altru Health System front desk or from the residency coordinator at the center. Loss or destruction of your beeper will cost you the replacement which is \$230.00.

If you feel that your beeper is not working properly, take it to Information Services or the switchboard at Altru Health System for repair or the residency coordinator in the FMR clinic.

General Fellow Information

Fellowship Progress Committee (FPC)

Goals:

1. Early identification of concerns related to fellow performance or conduct through a systematic, easily identifiable indication for referral to the resident progress committee
2. Develop a diagnosis and treatment plan of action, with involvement of the fellow, to rectify an issue related to performance or conduct through a completed academic action plan
3. Consistent, structured follow up within the committee to improve accountability and longitudinal reassessment
4. FPC reports to the faculty meeting as necessary
5. All proceedings related to the FPC will remain confidential and a paper trail of the proceedings will not be placed in the fellow's folder, unless the committee deems it appropriate, and not without prior notification to the fellow.

Committee Members:

The committee will be composed of at least (2) Assistant Program Directors, (1) Fellow, and (1) Fellow Advocate. The committee may request additional resources, such as fellowship specific faculty, if deemed necessary to complete the task of the FPC. The committee will elect each year a committee chairperson and secretary.

A fellow advocate will be chosen by core faculty to serve as an ad hoc member of the FPC. The advocate will be a well-respected community faculty member. Fellows may use the fellow advocate if he/she has concerns regarding the residency program but is uncomfortable addressing concerns with fellowship faculty or supporting staff. The fellow advocate will attend FPC meetings at the discretion of a concerned fellow or per the request of the FPC.

Meeting Arrangements:

The committee will meet as necessary. Arrangements will be made by the Program Coordinator. Lunch will be provided. Fellow files will be available for review. The meeting minutes will be recorded by the committee secretary and will be reviewed at the beginning of the subsequent meeting.

Indications for Referral:

Academic

- Negative comment on evaluation form
- Academic related performance issues
- Negative response on a patient evaluation
- Core Faculty members concerns

Professional

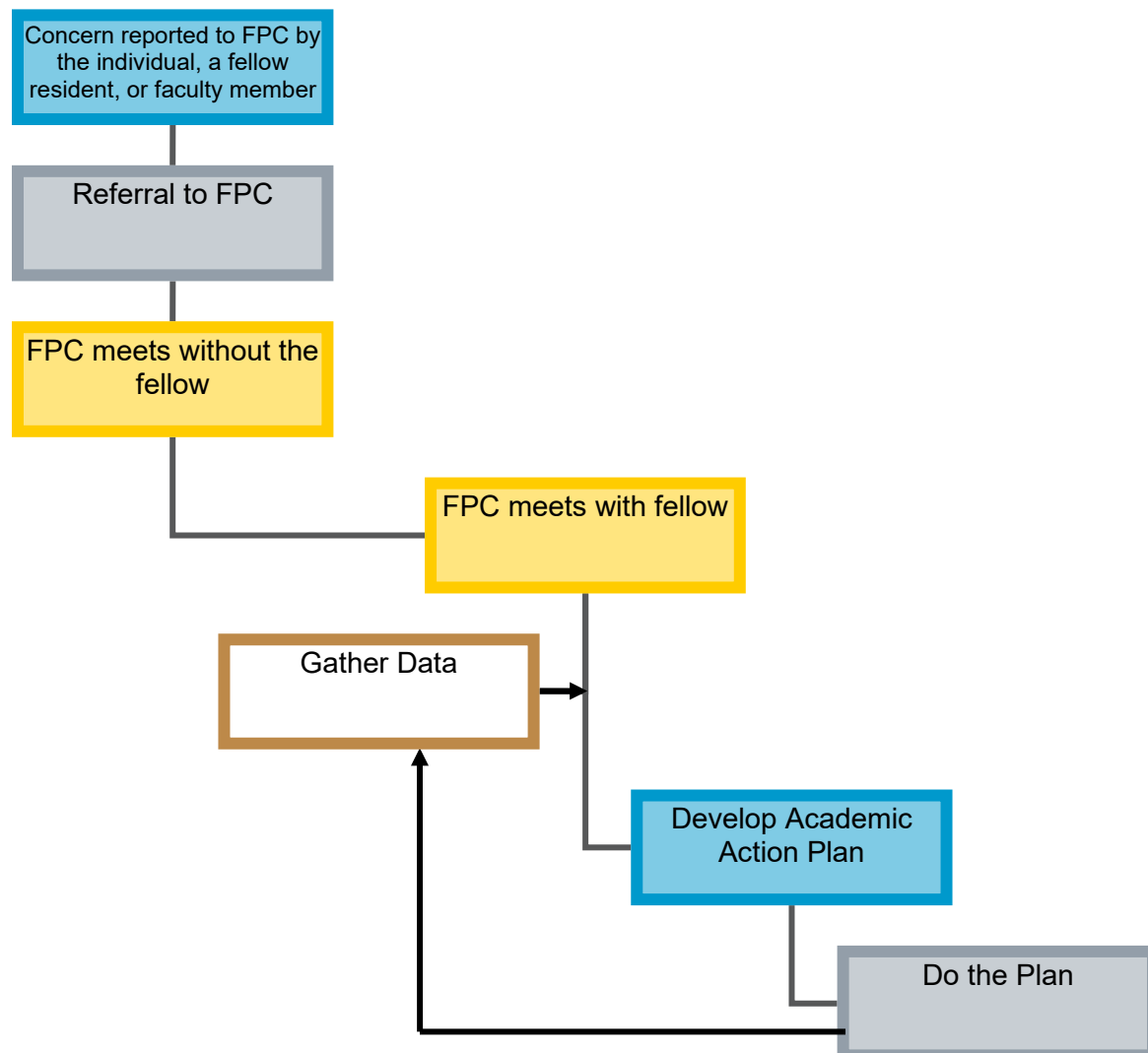
- Unpunctuality
- Failure to report duty hours in a timely fashion
- Failure to complete clinical records, including progress notes and discharge summaries, in a timely fashion
- Unusual patterns of sick leave
- Repeated rescheduling of clinic appointments
- Failure to maintain patient confidentiality

- Failure to complete assigned tasks
- Failure to adhere to ACGME professionalism guidelines - Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; and, sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

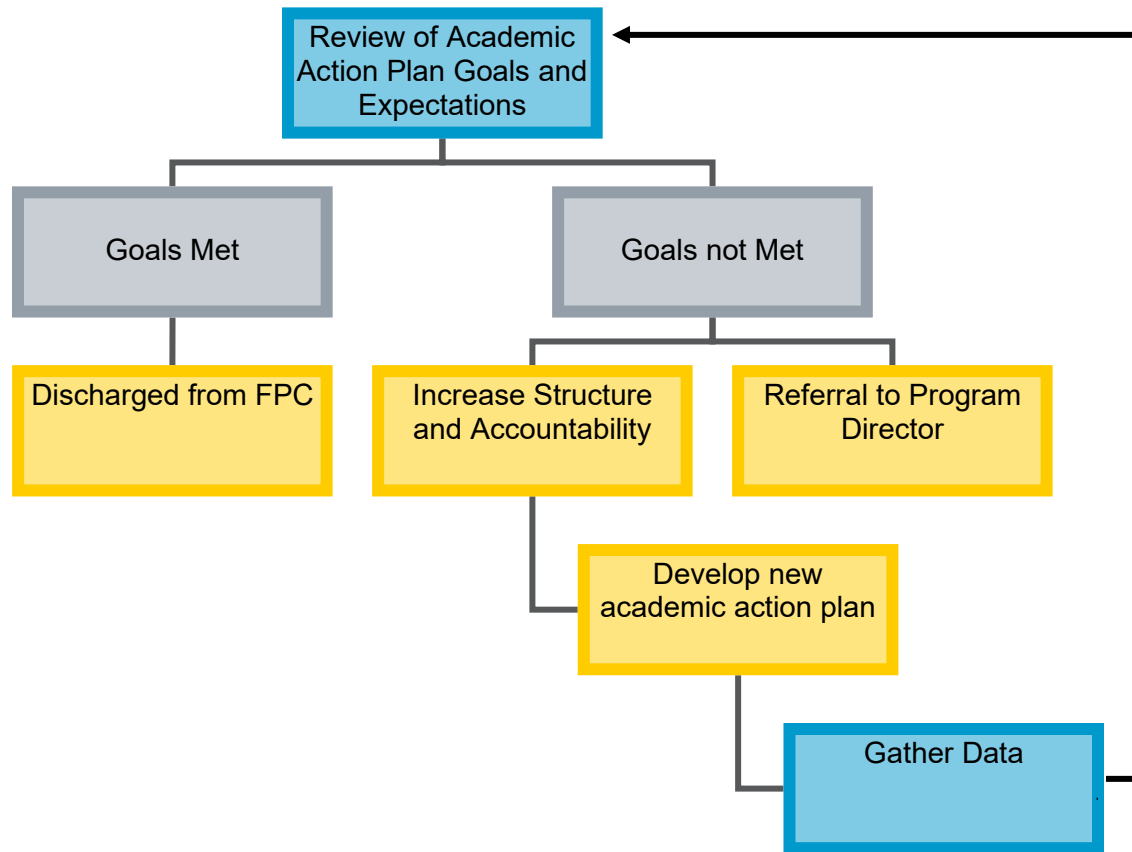
Interpersonal

- Disrespectful to colleagues, staff, or patients
- Creating a hostile work environment
- Mental health concerns i.e., depression, anxiety

Flowchart for FPC:



Review of Goals



Fellow Responsibilities

Patient Care

Good patient care is mandatory. Educational activities may occasionally be disrupted by patient care activities, although the education remains the primary goal of the fellowship program. To ensure good care, fellows must be available to communicate with Program Faculty and staff. This means that they must be available for telephone contact, and their pagers should be used appropriately. Common courtesy requires that fellows be at the Family Medicine Residency promptly for their patient appointments or take care to communicate clearly with the staff when delays are unavoidable. Dress should be professional.

Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Teamwork

Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Personnel Problems

Perceived problems with personnel should be communicated to the Obstetric Fellowship Program Director.

On call

Fellows are scheduled on-call during Labor and Delivery blocks.

Payroll

Fellows are paid through Altru Health System. Pay dates are every other Friday and will be direct deposited on each payday. Problems with payroll functions should be directed to the Residency Coordinator. Fellows that are relocating for training are eligible to receive up to \$2,000 in moving reimbursement. Receipts must be submitted to Workday to receive reimbursement. Fellows are given \$500 every month to purchase meals while on call.

Sick Leave And Emergency Leave

Fellows will be granted sick or emergency leave as needed. Before taking emergency leave or sick leave, the fellow should contact the Residency Coordinator.

Rescheduling

This occurs in the following ways:

- E-mail notification by the Residency Coordinator.
- By phone call from the Residency Coordinator, usually on short notice.

Vacations

Vacation requests should be submitted through Workday for approval. Fellows wishing to take leave must have leave requests turned in at least 30 days for which leave is being requested. Fellows with tardy leave requests may still take leave but must first **personally** arrange cover for call and clinic. Fellows shall receive three weeks (21 calendar days = 15 weekdays + 6 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by fellow, training site and Residency Coordinator. Leave days are per fellow contract. Fellows may not take vacation simultaneously, unless approved by the Fellowship Program Director.

Curriculum

Curriculum Overview

- Development of advanced and intensive training to those interested in practicing obstetrical care in a rural community including cesarean deliveries
- Conferences, seminars, and/or workshops in obstetrics specifically designed to augment fellows' clinical experiences.
- Fellows will spend at least one half-day per week maintaining their skills in their primary specialty areas.

Fellow Experiences include:

- Elective (2 weeks)
- Family Practice Teaching Service Attending (2 weeks)
- Gynecology (8 weeks)
- Labor and Delivery Management (32 weeks)
- Neonatology (4 weeks)
- Obstetrics ultrasound (2 weeks)
- Urology (2 weeks)

Fellows' Scholarly Activities

- Each fellow will be required to present three noon conference didactic sessions during their training:
 - Perinatology Conference: Two (2) topics
 - Gynecology Conference: One (1) topic

Curriculum Goals And Objectives

A fellow's experience will be gained across a diverse group of experiences. Fellow Experiences include:

Family Practice Teaching Service Attending (2 weeks):

Goals

- Continuing exposure to family medicine care within the hospital setting
- Development of teaching skills through the supervision of the in-patient residency teaching service

Objectives

- Attend teaching service rounds from 8:30 am until completed each morning for two weeks (including weekends)
- Provide additional insight and knowledge to develop a sound, evidence-based plan of care of the medical patients on the family practice teaching service during bedside and table rounds
- Assist the chief in identifying learning issues that arise during the discussion of patients on the teaching service
- Serve as a role model of regular, ongoing development of clinical curiosity

Gynecology (8 weeks)

Goals

- To gain an understanding of the care of the female patient, with particular emphasis from adolescence onwards, understanding the particular pathologies and presentations and their management, and the importance of the care of this population to family medicine practice.
- Exposure to common gynecologic issues, including well-woman care, family planning, contraception, and options for unintended pregnancy.
- Develop of understanding on the need for surgical interventions in the management of common gynecologic problems
- Understanding of female pelvic anatomy during surgical gynecologic cases
- Opportunity to learn additional skills related to female gynecologic care, such as colposcopy, LEEP, D&C, tubal ligations, etc.

Objectives

- •Competent performance of routine gynecologic exam
- Knowledge of disease prevention, health promotion and periodic health evaluation
- Knowledge of physiology of menstruation
- Diagnosis and management of abnormal uterine bleeding
- Management of amenorrhea
- Management of abnormal pap test including colposcopy and subsequent treatment options for cervical dysplasia
- Diagnosis and management of pelvic inflammatory disease
- Diagnosis and management of endometriosis
- Diagnosis and management of peri-menopausal/menopausal problems
- Knowledgeable of pelvic floor dysfunction and urinary incontinence
- Discuss complex issues with clarity, sensitivity and compassion
- Competency in the OR suite provide surgical assist of gynecologic cases
- Knowledge of pelvic floor anatomy demonstrated during outpatient and surgical cases

Labor and Delivery Management (32 weeks):

Goals

- An appreciation of the important role of obstetrics in full spectrum family medicine practice
- An understanding of the physiology in normal pregnancy, labor and delivery, and the pathophysiology in common disorders of same
- Competence in the diagnosis and management of common obstetrical presentations
- Competence in the procedural skills associated with pregnancy and labor including cesarean delivery

Objectives

- Ability to perform a concise obstetrical history and physical examination without errors of omission
- Ability to recognize normal labor curve with associated progressive changes on examination and to expeditiously recognize departures from same
- Competence in the recognition and management of disease processes associated with pregnancy and labor
- Competence in the performance of standard procedures associated with labor and delivery
- Competence in the provision of analgesia for the laboring patient
- Competence in the care and assessment of the newborn

- Awareness of personal limitations and timely recognition of need for consultation
- Effective and compassionate communication with patients and families

Expectations on the L&D Months:

- Be available to teach residents during normal business hours M-F unless post call.
- Recognize the first week for first years and try to be in house and immediately available as much as possible.
- The fellowship is what you make of it. Being available every day and at all hours will get you the best experience. Maintaining your own wellbeing and balancing the two is an important skill to learn. If you feel fatigued and unsafe to provide medical care, do not come in when called. When doing 24-hour Friday/Sunday Call, it is expected that you will NOT be available on Saturday. Other post call days your availability will be at your discretion.

Neonatology (4 weeks)

Goals:

- To know the capabilities available to support the distressed infant
- To understand the hazards of prematurity and strategies to reduce its occurrence
- To understand the problems involved in preparation for, and transport of, the compromised newborn
- To understand the family stressors of the intensive care environment and support and communicate effectively and compassionately
- To be prepared to look after the "graduate" from the intensive care unit
- To be prepared to appropriately triage the care of the mother and the baby at the time of delivery in a rural setting with more limited resources

Objectives:

- Attend deliveries (vaginal and cesarean deliveries) to provide initial evaluation and resuscitation of the newborn
- Perform initial assessment and evaluation of newborn infants
- Accompany the neonatal transport team when appropriate
- Perform the following procedures (when available) under supervision: Bag-mask resuscitation, PIV insertions, Umbilical catheters, Intubation attempts, and/or Lumbar punctures
- Evaluate laboratory results and correlate pathophysiology
- Develop neonatal resuscitation abilities including: Positioning and tactile stimulation, Thermal regulation, Airway management (suctioning, ET intubation, g-tube insertion), Ventilation (bag valve mask device and/or anesthesia bag, CPAP, intubation)
- Develop knowledge of stabilization of the critically ill neonate
- Demonstrate understanding of pathophysiology associated with prematurity and principles of management
- Recognize physical findings of the normal perinatal transition
- Integrate the basic principles of fluid, electrolytes, and nutrition
- Observe complex neonatal care and appropriate convalescent management
- Discuss complex issues with parents with clarity, and sensitivity

Obstetrics Ultrasound (2 weeks)

Goals:

- Understand the indications for ultrasound in the care of the obstetrical patient
- Understand anatomy of the female pelvis as well as normal and abnormal fetal anatomy
- To be able to provide critical ultrasound interpretations necessary at the point of care for the obstetrical patient, including fetal lie, heart tones, fetal measurements and BPP, and fetal growth

Objectives:

- Utilize the principles of instrumentation to obtain diagnostic images
- Identify the difference in techniques related to transabdominal and transvaginal pelvic scanning techniques
- Identify basic fetal anatomy, and perform a BPP
- Complete a limited OB exam
- Identify basic fetal anomalies and their ultrasound appearance
- Apply appropriate measurement techniques for obtaining gestational age according to AIUM standards

Urology (2 weeks):

Goals:

- **Acquire** history and physical exam skills, develop expertise in diagnostic testing, and learn management of urologic disease
- Understand the range of urologic problems and pathology
- Demonstrate the ability to complete a urologic diagnostic workup
- Understand the principals of therapy
- Demonstrate effective communication with patients and others involved in their care
- Understand and utilize appropriate urologic resources, including other providers
- Provide an opportunity to gain additional exposure and competency in performing vasectomies

Objectives:

- Performance of basic elements of a urologic assessment
- Appropriate laboratory investigation and interpretation based on initial evaluation
- Understand clinical approach to lower urinary tract symptomatology
- Understand pros and cons of screening for prostate cancer and management of elevated PSA
- Differentiate between simple and complicated urinary tract infection and their management
- Recognition of urgent presentations such as testicular pain and appropriate emergency management
- Diagnosis, investigation and management of erectile dysfunction
- Diagnosis of ureteral calculus together with indications for both expectant management and urgent referral
- Basic assessment male and female incontinence together with knowledge of indications for referral
- Communication to the patient and family regarding the proposed investigation, treatment and community resources available
- Inclusion of a multidisciplinary approach and appropriate referral to urology
- Understanding the indications and potential complications associated with vasectomy
- Develop competency in performing vasectomy through mutual agreement between fellow and urologist

Clinic

Clinic Schedule Guidelines

Clinic Days

- Scheduled continuity clinic occurs weekly except for unusual circumstances
- Fellow may be scheduled in continuity clinic or the Express Clinic
- Patients are scheduled beginning at 8:00 am to 5:00 pm.

Nurse Stations and Exam Rooms

Flag System

- Each patient room is equipped with a flag system to identify which doctor's patient is being seen. Every physician who practices at the Family Medicine Residency has a different combination of flag colors. A yellow and red flag means the nurse is in with your patient. She/he will lay them down when the patient is ready for the physician and display the physician's colors. When physicians have finished with their patients, they should lay all the flags down to signify the room is empty.
- **No** eating or drinking is allowed at the nursing station.
- Charts are **not** to be left at the nursing station. Use your own desk.

Patient Scheduling

- Fellows are scheduled to see patients every twenty minutes. Procedures that are known by the receptionists to take a longer amount of time will be scheduled accordingly.
- Any special requests by a physician regarding scheduling are brought to the attention of the Residency Coordinator.
- If a physician asks an unscheduled patient to come to the clinic, the front desk and your nurse must be notified.
- Fellows are expected to stay in the clinic area during their scheduled hours to cover any walk-ins or late scheduling of patients.
- If a physician is delayed for a scheduled appointment at the clinic, always notify the Residency Coordinator and your nurse.
- At your own discretion, you may decide to put your clinic on hold days that you are also on L&D, if there appears to be an impending c-section or other good learning experience. It is not expected for you to leave clinic to cover a busy floor or to help a resident with a procedure (like a cook placement or AROM). Emergent procedures may occur and it is up to your discretion of what to do with your clinic at those times.

Patient Flow

Clinic Process

- When a patient checks in, the receptionist registers the patient in EPIC and an entry is made into the electronic medical record that the patient has arrived. This is available for the physician and nurse to visualize. The nurse will room the patient as quickly as possible.
- If lab work is requested, the physician will order labs in EPIC and the patient will be escorted to the lab by the nurse or physician.
- Before the patient is seen by the physician, vitals are taken when appropriate and recorded on the progress sheet inside the patient's chart. The nurse will write a brief statement of reason for office visit in EPIC for the encounter.
- Fellows are paged on the arrival of their first patient if they are not in the clinic. After 15 minutes, the fellow will be paged again. After half hour the patient will be given the option to see someone else or wait. In the case of deliveries; the patient is to be rescheduled or see another provider.
- Chart appears in holder outside exam room when ancillary services completed. The physician must keep track of his schedule and check to see if patients are ready.

Telephone Calls

Telephone calls to physicians should be handled as follows:

- The physician should be contacted immediately if the caller is:
 - Another physician
 - The physician's spouse or family member
 - Reporting a medical emergency. In this case the chart should be documented with details and dates
- Calls from the following sources should be route to the nurses:
 - Hospital
 - Nursing home
 - Long-distance calls
 - A pharmacy
- In the event a patient calls and insists on speaking to the physician, or it seems to be an emergency, the phone call should be routed to the nurse. If the patient's call needs the attention of a physician, the nurse will attend to it. If it appears to be a medical emergency, the physician should be contacted immediately.
- In case of routine patient calls, lab results, inquiries, and prescription refills, the nurse will forward the information to the physician in EPIC.
- Overnight or call hours:
 - Patients are instructed to call the regular clinic number to reach the resident on call.
 - FMR uses Altru Health System telephone answering service for after hour calls. Each month we send them a copy of our on-call schedule. If a change is made after hours or on a weekend it is the responsibility of the fellow making the change to notify the answering service.
 - The answering service then automatically answers any incoming calls on 780-6800. The operator takes the patient's name, telephone number and chief complaint (if stated).
 - The third-year residents will take all evening phone calls.

Laboratory

The lab is equipped to perform routine hematology, routine urinalysis, wet preps, strep screens, skin scrapings, pregnancy tests, monospot tests and limited chemistries to include glucose.

Lab Orders

- Lab orders are requested in EPIC.
- Lab personnel are to be notified when a patient is brought to the lab.

Results

- Lab results of tests which are performed at FMR are kept on record in the lab as well as in the patient's chart.
- Results will be routed to the physician through the results tab in the EPIC inbox. Fellows are expected to check this frequently, contact the patient with the results either in person or through a letter, MyChart message or telephone call, and mark the lab results as reviewed.
- CRITICAL VALUES will be posted in the laboratory and when results meet the critical value criteria, the lab personnel will contact the physician or his nurse with results and document this in the "panic" logbook.

Reference Labs

- Altru Hospital is our main reference labs. Altru courier service is provided at 12:30 pm and 3:30 pm daily. If a STAT procedure is necessary, the lab personnel may also be asked to hand carry the specimen to Altru Hospital laboratory if testing is not done "in house" or contact the Altru courier to come to the clinic for an urgent lab specimen. Turnaround time is within one day for chemistries, 48 hours for microbiology.
- A consent form must be signed by the patient before the HIV specimen is drawn. They must understand the policy about confidentiality.

Pap Smears/Cytology

- Thin preps are read at Altru Cytology, turnaround approximately 2-5 days.
- Results: All reports are reviewed by physicians and the physician is responsible for notifying the patient of the results. Frequently "normal" reports are mailed to the patients.

NO EATING OR DRINKING IS ALLOWED IN THE LABORATORY! ALL SPECIMENS THAT ARE BROUGHT TO THE LAB MUST BE LABELED WITH PATIENT'S NAME, PHYSICIAN'S NAME AND THE DATE.

X-Ray

X-Ray Procedures Provided

- Basic radiographs
- Chest
- Extremities
- Spine
- Skull
- Plain films of abdomen

X-Ray Procedures Provided by Altru Health System

- Upper GI
- Barium enemas
- IVPs
- Special procedures

X-Ray Request

- X-rays are to be ordered in the EPIC system
- The patient will be accompanied to the x-ray department by the physician or nurse. The radiology technician will be notified of the patient's arrival. The radiology technician will accompany the patient back to the exam room upon completion of the x-ray.

Radiologist Services

- X-rays are read by radiology the day of the exam. The official radiology report is resulted in the ordering physician's results folder in the EPIC inbox.

X-Ray Policies

- X-rays are part of the medical record and cannot be released to a third party without a signed medical records release form. These forms must be signed by the patient and given to the records department.

Patient Education

The Family Medicine Obstetrical Fellowship has the following patient education resources available:

- Patient Education Handouts - concerning all facets of health and nutrition
- Patient Information Brochures - developed specially to inform our patients of our educational training and various Center services that are available.
- Clinical Reference System for:
 - Patient Education – Pediatric
 - Electronic Medical Reference
 - Electronic Drug Reference
- Patient Advice - Adult

Code Procedure

Equipment/Supplies

- Crash cart
- AED
- Oxygen
- I.V. standard
- Suction
- All equipment/supplies are located in stress room

Procedure

- Whoever comes upon a code situation will notify the nearest person that help is needed urgently and initiate CPR.
- All nurses will report to the Nurses Station and instructed as to the location of the code. One nurse will call 3333 to contact Altru of an emergent situation.
 - Nurses will be responsible for getting the equipment/supplies to the code site
 - One nurse will take notes
 - One nurse will assist as needed
 - All other nurses will report back to the Nurses Station and attend to the other patients
- Escort the ambulance to the code site when they arrive.
- All fellows and residents will report to the Nurses Station and will be informed of the code site.
- **REMAIN CALM!!** For all other patients in the clinic, we should resume previous duties as usual.

Medical Records

Chart Information

Each family has an account number. Each member of the family is given a patient number and an individual chart.

Routing of Charts

Charts are maintained in the electronic medical record system, EPIC. A patient checks in at the front desk and the status of patient will be changed to arrive and the time the patient arrived is visible in the provider's home screen. Once the nurse rooms the patient, the status will be changed to exam room. The nurse will complete vitals, reconcile the medication list, update allergies, and obtain the chief complaint from the patient and enters the information into the EPIC system. The patient is seen by the physician and once the physician completes the progress note and determines the level of service for the visit the encounter can be closed and the patient's status for this encounter is now closed. Any changes to the visit after this point would need to be done as an addendum.

Medical and Hospital Reports

Reports generated within the Altru Health System are sent to the appropriate folder within the physician's EPIC inbox. Medical records or reports from an outside facility are placed in the physician's mailbox in the clinic. The report is initialed and dated by the physician, placed into the medical records mailbox who then scans the report and it will be available electronically under scanned reports.

Transferring Medical Records

A written consent must be completed by the patient for all transfer of records. (Exceptions: Litigations for legal purposes, federally assisted or controlled Drug Abuse or Alcohol Abuse Program, and programs administered by/or under ND Social Services Board). Any questions

regarding release of patient's records will be answered by the patient's physician or the Chief Resident (if the patient's physician is not available). Upon physician approval, Medical Records personnel will copy and forward records.

If the request is from an attorney's office or insurance company, a faculty physician will approve the request.

Medical Records

Charts must be kept current at least weekly. Failure to comply may result in loss of fellow's vacation time. All charts are currently available to be reviewed and signed electronically. Physicians have individual inboxes in EPIC which must be checked daily and appropriate follow up and contact to a patient as necessary based on test results or patient phone calls is to occur within 48 hours when at all possible.

- Hospital: Admission and discharge records should be done the day of admission or discharge, and procedure notes should be done promptly after the procedure. Fellows are responsible for rounding on their patients in the hospital each day. Patients may be on the FPTs, in which case, resident notes need to be co-signed daily. In the case of a fellow's absence, patient care will be assigned to a member of the FMR call team.
- Clinic: Fellows are expected to complete clinic progress notes in the EPIC medical record system within 24 hours from a visit though ideally fellows are strongly encouraged to complete the notes on the same day as the clinic visit. Failure to complete a clinic note(s) within seven days will result in a removal for a half day from a scheduled rotation and the fellow will be charged with the loss of one-half day of vacation to facilitate time to complete outdated charts.
- Letters and phone calls: Letters and phone calls are to be documented in the EPIC system in a timely manner, ideally within 48 hours for results.

Problem-Oriented Medical Record

Charting in the Family Medicine Residency is based on the Problem-Oriented Method. It is felt that this method will provide the maximum utilization of the material obtained from the patient's history.

The chart should provide a clear and concise picture of the patient. This is accomplished by means of data base which consists of four parts. The parts are as follows:

- Patient profile
- Patient history
- Physical examination
- Laboratory and x-ray reports

This part of the chart is well done except for the patient profile section. Most charts do not provide a concise picture of the patient as a person.

The second function of Problem-Oriented Method of Charting is to do exactly as the name implies. It orients your thinking in relationship to the patient's problems, their priorities and lays out a comprehensive list of what the patient's needs are.

This leads directly to the third function of the Problem-Oriented Method of Charting which is to develop comprehensive PLANNING to care for the patient. This is broken down into three separate and distinct parts which are:

- DIAGNOSIS - where clarification of a problem is brought to fruition by ruling out the major differential diagnosis and delineating the ramifications of a particular diagnosis.
- MANAGEMENT - this follows naturally from the diagnosis and is the area where therapy in whatever modalities are appropriate are outlined.

- **PATIENT INFORMATION** - this delineates the plans for educating the patient and his family about the problems they may encounter.

This chart is a communicative instrument and as such, it is more important in our Family Medicine Residency's than in most other practices. In the Centers, the patients start over with new doctors every two to three years and therefore it is necessary and essential that every possible means of the patient's care be communicated to the succession of doctors that will care for the patient. The chart is therefore the basis for continuity of care and it is this continuity of care which is essential to our teaching program.

The chart is a teaching instrument by which the fellow learns. The well-organized chart is easy to review and any discrepancies in care or diagnosis can be easily spotted. It also provides a basis for audit. Audit is discussed more fully in this section. Finally, we must remember that health care maintenance is a specific problem which should be unique to family practice. This is the antithesis of episodic care provided to the individual. To provide comprehensive care to the individual, the family must be a part of the treatment milieu. This includes recognition of genetic predispositions, cultural entities, and family environment risks, which can be either emotional or physical. To deal with a family effectively, the preventative aspects must be stressed. The objective is to shift the responsibility for health care to the family, by appropriate educational means.

Chart Dictation

Note completed in the electronic form. Dictation within the EPIC system is available if necessary. Fellows are to be aware of avoiding "cutting and pasting" other providers notes which is a much easier phenomenon with the advent of the electronic medical record. Fellows are also to be aware that the medical record contains information that was gathered or performed at the patient visit. Care must be taken that templates, populated lists, etc. used in the medical record represent an accurate assessment of the visit.

Organize notes in the SOAP or APSO format

- S: subjective or history
- O: objective or examination
- A: assessment or diagnosis
- P: plan or therapy (indicate if the patient needs to be off from work)

Letters

All letters are done through MyChart.

Policies

Documentation Policy

Policy:

- Collection of data allows the fellowship to determine strengths and weakness of the training program
- Data collected will be utilized by fellows to prove competency and make application for selected privileges in future employment

Procedure:

- Obstetrical Fellows have the opportunity to perform many procedures in both the inpatient and outpatient setting on a number of rotations throughout the course of training. Each fellow will need to track and record **all** procedures on the current database program. A printed document of procedural data can be generated and downloaded from this database. It is the fellow's responsibility to record and maintain the procedure log.
- A database of fellow's clinical and procedural experience, both in hospital and in the ambulatory settings is maintained. Most privileges are now granted on an experiential basis, so it is essential that this database be maintained accurately and kept current. While it is the program's responsibility to make such a system available, it is the fellow's responsibility to utilize it and enter their procedure activities on the computer.

Fellow Evaluation

Overview

The Altru Obstetrics Fellowship is committed to early, continuing, and progressive evaluation of fellow competencies using a framework of developmental steps that relies upon clinical faculty to collect data supplemented by academic faculty members' own observations.

Formative Evaluation

The program will provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice through multiple forms of evaluation. The use will allow each fellow to appraise personal strengths and weaknesses as well as by the Program Director for summative evaluation.

Process

Evaluations forms assessing the six core competencies as well as skill sets identified on the milestones will be completed by appropriate personnel (i.e. physicians, nursing staff, etc.) at the completion of each scheduled rotation. Separately, the educational experience is evaluated by the fellow. Fellows will be further evaluated by peers, residency clinic nursing staff, patients, and additional members of the health care team throughout the year of training. Additionally, self-evaluation is encouraged to be continuous process throughout training to foster the development of skills necessary to become a family physician. All evaluations are maintained within the fellow's written file as well as through an online secure database that is always accessible for review. Evaluations and milestone assessment will be reviewed with the fellow twice yearly at required fellow evaluation meetings.

Performance Improvement

Formative evaluations, sentinel or "near-miss" event, concern from teaching faculty, peers, nursing staff or patients regarding fellow's performance, and/or inadequate performance in general measures will be used to identify a possible fellow deficiency in one or more areas of the six core competencies. If a concern is identified, the fellow will be referred to the Fellow

Progress Committee (FPC). If a deficiency is noted in one of the six core competency areas, it will be stated explicitly, and their correction focused. An academic action plan will be initiated and reviewed until appropriate advancement in the core competencies is obtained. A written record of the academic action plan will be completed and signed by the FPC chair and the fellow. An initial period of one to three months, at the discretion of the FPC, for correction of deficiencies will be allotted.

At the discretion of the faculty, and if progress has been demonstrated, one further period of remediation not to exceed three months may be provided. Failure to reach explicit goals at that stage is considered academic failure and dismissal proceedings may be initiated.

On any occasion when action that could **affect** a fellow's academic standing is contemplated, discussed, or implemented, an academic action plan will be placed in the fellow's academic record. Further, such discussion will be noted in the minutes of the faculty meeting and that minute will be reviewed and approved or amended by the faculty no later than the following faculty meeting.

A blank copy of the academic action plan is available for review at gfredidency.com as well as in this document following description of residency requirements.

Professionalism

Fellows are understandably focused on content and the consequences of breaches of professionalism may not be understood, particularly as they may appear to be related to systems-based medicine rather than professionalism. However, professional breaches may escalate to serious proportions. Consequently, questionable breaches of professionalism are reviewed by faculty on a monthly basis. Such breaches may include, but are not limited to:

- Tardiness - this is inefficient, disruptive to clinical services, and discourteous to patients and clinical faculty who may have made special preparation to teach;
- Failure to report duty hours in a timely fashion;
- Failure to complete clinical records, including progress notes and discharge summaries, in a timely fashion;
- Unusual patterns of sick leave; repeated rescheduling of clinic appointments.

If a suspected lapse of professionalism occurs, the fellow will be referred to the FPC.

Program Director's Final Evaluation

Towards the completion of training, the fellow will meet with the Fellowship Program Director for a summative evaluation. It is a review of the fellow's performance throughout fellowship. This written evaluation will be part of the fellow's permanent record, maintained by Altru Health System, and accessible for review by the fellow.

Fellow Licensure

Fellows must receive a North Dakota State License prior to the start of training. Fellows must be certified by the American Board of Family Medicine prior to the start of training.

Educational Leave

Each fellow is allowed five Continuing Medical Education (CME) days in each calendar year. Also, each fellow is allowed \$3,000 for CME of their choosing. This will be managed through Workday.

Altru Health System will provide reimbursement of the following expenses incurred by fellows:

- Tuition, travel and lodging, in connection with meetings and educational courses which carry AMA and/or specialty approved credit
- Professional journals and books
- National AMA dues, professional society dues, non-North Dakota and Minnesota license fees and DEA registration fees
- Continuing medical education materials which have MA and/or specialty-approved credit, not to include electronic devices and hardware
- Meals will be reimbursed per IRS guidelines
- Reimbursement will be provided for the following business-related expenses
- Stethoscope

The following provisions will govern the reimbursement of the aforementioned expenses:

- Expenses will be reimbursed for costs incurred only by the requesting doctor, i.e., expenses incurred for a doctor's spouse or other persons, are not reimbursable
- All expenses reimbursed must be verified with proper receipts and submitted through Workday. Credit card statements or records of credit card charges do not qualify as adequate substantiation of expenses because they do not provide detail.
- Reimbursement for business/education travel will be limited to domestic travel within the United States.
- Travel expenses for CME credits which can be obtained online, or in any manner where travel to another destination is not required to receive CME credit, i.e., Travel Medical Seminars, will be disallowed

Life Support Certification

All Obstetric Fellows are required to have current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification as determined by Altru Health System policies.

Fellow must also obtain Neonatal Resuscitation Program and Advanced Life Support in Obstetrics (ALSO) certification during the fellowship unless the fellow has active certifications valid throughout the year of fellowship training. All required certification are paid for by the program.

Fellow Leave Policy

Vacation

- Fellows shall receive three weeks (21 calendar days = 15 weekdays + 6 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by fellow, training site, and Program Director.

Continuing Medical Education

- Fellows shall receive one week (7 calendar days = 5 weekdays + 2 weekend days) of paid leave for professional meetings, annually and non-cumulatively.

Sick Leave/Absences

- Fellows will accumulate one day of sick leave per month of work for a maximum of 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Sick leave is noncumulative from one year to the next. Fellows are responsible for notifying the Residency Coordinator of any unscheduled absences. Fellows shall provide medical verification for absences due to illness when requested.

Additional Sick Leave

- Additional unpaid sick leave may be granted with written permission from the Program Director. Additional sick leave shall not be credited as training time and will result in makeup requirements as described in Paragraph 7.

Parental Leave Policy

- Parental leave is granted for up to 12 weeks. That portion of the 12 weeks that can be taken, as available sick and vacation leave will be paid. That portion of the 12 weeks that is beyond available sick and vacation leave will be unpaid. Parental leave applies to both fathers and mothers, to both natural and adoptive parents, and to both heterosexual and same-sex couples. Parental leave of 8 weeks will be permitted without an extension of training. Any parental leave beyond 8 weeks will require an extension of training in order to meet the rigorous experience required to successfully complete the fellowship.

Leave of Absence

- Unpaid leave of absence may be granted for individual fellow need at the discretion of the Program Director. Fellows may use the Family Medical Leave Act up to 12 weeks of unpaid leave for (1) the birth of a child, and to care for the newborn child; (2) the placement of a child through adoption or foster care, and to care for the child; (3) the care of a spouse, son, daughter, or parent with a serious health condition; and (4) for a serious health condition that makes the fellow unable to perform one or more of the essential functions of position. Any leave of absence or unpaid leave shall not be credited as training time and will result in makeup requirements as described in Paragraph 7.

Makeup for Extended Leave

- The allowable combined total of Vacation Leave, Sick Leave, Parental Leave and any Additional Sick Leave taken during the contract year shall be 8 weeks. For combined leave totals that exceed this amount, fellows shall be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of the fellowship program.

Funeral Leave

- An approved absence from work, with pay, of up to three days, may be provided to a fellow to attend or make arrangements for a funeral, as a result of a death in the fellow's family, or in the family of a fellow's spouse.

- Family means husband, wife, son, daughter, father, mother, stepparents, brother, sister, grandparents, grandchildren, stepchildren, foster parents, foster children, daughter-in-law and son-in-law. Funeral leave in this section counts towards the thirty (30) days of allowable leave in paragraph

Military Leave

- Fellows may arrange for military leave with the Program Director prior to taking such leave. Military leave will be unpaid or may use PTO/vacation time. A fellow may be given credit for certain military leave if this is arranged and approved by the residency Program Director and faculty.

Fellow Recruitment, Appointment, Eligibility And Selection Policy

All fellow candidates must be graduates of LCME or AOA accredited schools of medicine, or have a valid ECFMG certificate, and meet current North Dakota Board of Medical Examiners criteria for licensure, and satisfactorily completed an ACGME Family Medicine Residency. All potential candidates will be screened for possible interview by the residency coordinator and forwarded to the program faculty for consideration. All candidates will be considered based on their academic achievements, communication skills, interpersonal skills, motivation, integrity, and in full accordance with all equal employment opportunity standards.

All interviewed candidates will meet with representative faculty and current fellows/residents during their interview. All candidates will receive a copy of a current contract, fellow duty policy and fellow leave policy. Upon completion of all interviews, candidates will be reviewed by faculty and current fellows. A contract will be extended to those candidates meeting our criteria and determined to be a strong candidate for the fellowship.

Upon acceptance of the Obstetrical Fellowship contract, the fellow will be contacted and sent letters of appointment and fellow due process agreement. Fellows are expected to make application for and obtain a North Dakota medical license prior to beginning training. Fellows are given a copy of the obstetrical fellowship handbook during orientation. All fellows will be subject to a background check and Altru Health System Human Resources employee policies and procedures and Altru Hospital by-laws, rules and regulations, not specified otherwise by residency policy.

Fellowship Supervision Policy

The faculty is committed to supervision commensurate with fellow competency and complexity of care while the educational curriculum and faculty and call schedules are designed to ensure such supervision. Progressive increase in fellow responsibility with independence is provided individually based on expertise in the six ACGME core competencies with incorporation of the family medicine specific milestones and determined by multiple evaluation modalities. Notwithstanding, patient care complexity may always exceed fellow's capability and should be recognized.

General Supervision Policy

In each patient assignment, the fellow will identify the practitioner ultimately responsible for the patient's care. That practitioner will be appropriately credentialed for his/her area of expertise. The fellow will introduce himself/herself at the beginning of each patient encounter and inform the patient of his/her role in the healthcare team.

Supervision will be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising

physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care.

Level of Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the following classification will be used:

- Direct Supervision – the supervising physician is physically present with the fellow and patient.
- Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision with
- Indirect supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow will be assigned by the program director and faculty members.

The program director will evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians will delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.

Fellows will serve in a supervisory role of residents or junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.

There are circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Faculty supervision assignments will be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

Specialty Rotations

Specialty rotations will be directly supervised by the physician preceptor or physician group (i.e., OB/GYN for gynecologic surgery) for the rotation.

Procedures

All fellows will be allowed to perform procedures with oversight supervision commensurate with the summative evaluation from their Program Director upon completion of residency.

All new procedures for the fellow will have direct supervision until the fellow is considered competent to perform the procedure with oversight supervision

Moonlighting Policy

Only fellows with a current full, unrestricted license to practice medicine are permitted to moonlight. **Fellows are responsible for assuring they have malpractice insurance coverage for all moonlighting activities. ATLS is required for moonlighting.**

Moonlighting activity must not interfere with fellowship activities, either directly by overlapping schedules, or indirectly by undue fatigue and stress. Specifically, fellows may not use sick leave to recover from moonlighting activities. If a fellow was moonlighting and it interfered with clinical expectations this would be addressed with a meeting between the fellow and the Program Director or a designee of the Director. Any comments made by other fellows, residents, by the Chief Resident or by attendings, either submitted verbally, written or listed on the monthly rotations evaluation would be addressed with the fellow individually.

Other

Fellows are employees of Altru Health System. Fellows are expected to abide by all Altru policies including, but not limited to, medical treatment of minors, subpoena procedures, and substance abuse. Fellows may reference policies through Altru.org.