CURRICULUM AND PROGRAM DESCRIPTION
FOR RESIDENT TRAINING IN OBSTETRICS AND GYNECOLOGY

INTRODUCTION

The mission of TriHealth is to provide excellence in the health services to the community consistent with Christian principles as expressed in the philosophy of the TriHealth (Good Samaritan and Bethesda North) Hospitals. The hospitals are committed to the provision of education in medicine and other health services. You are one of the benefactors of this commitment. At the same time, the hospitals benefit from your presence because post-graduate medical education requires the resident’s involvement with patients at the bedside. I emphasize this with a quote from Sir William Osler, for it is a point that is not always realized by the fledging obstetrician/gynecologist. Osler said, “the hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course for which the work of a few years under teachers is but a preparation”. He also said, “the important thing is to make the lesson of each case tell in your education”.

The following pages do not, can not, address all situations. Therefore, by keeping in mind the above paragraph concerning the mission of the hospitals and the purpose for which you are here, you should be able to solve problems as they arise. In trying to decide how to conduct yourself under these new and varied conditions, ask yourself how you would see it if you were the patient or his family. Also, keep in mind that you are teaching medical students by your example. Ask yourself daily how the students see your actions. Also, remember that many times the mere presence of a physician is more important that what he/she did.

The objectives of the Obstetrics and Gynecology Residency Training Program are to provide high quality clinical and didactic educational experience for the resident staff. The course of training is designed to give knowledgeable supervision via a trained teaching faculty while at the same time allowing for progressive graded individual responsibility. The final goal of this program is to produce a high quality, well trained, ethically sound, skilled practitioner. Each and every resident in the TriHealth Obstetrics and Gynecology Residency Training Program is given the current edition of “Educational Objectives” published by CREOG. This is presented during the orientation session(s) for the new, incoming resident staff. The program director meets at least semi-annually with each resident to discuss resident progress, to evaluate the objectives, and to allow the resident the opportunity to critique the program and teaching faculty. Resident Statistical Data is reviewed monthly to determine whether each resident has or has not successfully accomplished each of the items indicated in the programs educational objectives.
THE STRUCTURE OF THE RESIDENCY

There are 32 Resident OB/GYN physicians at TriHealth (Good Samaritan Hospital and Bethesda North Hospital) with eight (8) per year of training. The eight (8) senior residents are chief residents. There are two (2) administrative chief residents, two (2) gynecology chief residents, two (2) clinic chief residents, and two (2) obstetric chief residents, and each has certain specific responsibilities in his/her area. The remaining 24 residents divide their responsibilities among the obstetrical service, gynecological service, and various electives. During certain months, Family Practice/Medicine Residents will rotate onto the OB/GYN service. It is expected that they become an integral part of the service and that all OB/GYN Residents will contribute to their training.

All residents are responsible to all attending physicians regarding patient care. While the residents are expected to participate in the care of private attending physician’s patients, the attending physician ultimately is accountable for patient management. The attending physician is expected to allow and encourage resident participation in the care of his/her patients. The attending is also expected to educate and train the resident physician with each patient.

Currently, 41 attending physicians at Good Samaritan Hospital and 22 attending physicians at Bethesda North Hospital whom are assigned to provide teaching supervision for clinic patients. These attending physicians provide on-site supervision 24-hours per day, 7 days per week. The residents are expected to communicate with these attending physicians, thus keeping them apprised of patient management and progress. These attending physicians, however, are expected to allow the resident physicians to actively manage these patients with significant latitude to make decisions regarding patient care.

The residency is organized in the following fashion:

- Residency Director: Steven Johnson, M.D.
- Academic Chairman: Jack Basil, M.D.
- Chairman of the Department, Bethesda North Hospital: Alan Altman, M.D.
- On-site Director, Bethesda North Hospital: James Sosnowski, M.D.
- Associate Program Director: Michael Holbert, M.D.
- Director, Resident Research: Donna Lambers, M.D.
- Director, Division of Obstetrics: Kim Brady, M.D.
- Director, Division of Gynecology: Dave Dhanraj, M.D.
- Director, Division of Maternal-Fetal Medicine: William Polzin, M.D.
- Director, Division of Reproductive Endocrinology & Infertility: Glen Hofmann, M.D.
- Director, Division of Gynecologic Oncology: Jack Basil, M.D.
- Director, Division of Urogynecology and Urogynecology Fellowship: Steven Kleeman, M.D.
- Director, OB/GYN Clinics, Faculty Medical Center, Good Samaritan Hospital: Paul Spaccarelli, M.D.
- Director, OB/GYN Clinic, OB/GYN Center, Bethesda North Hospital: James Sosnowski, M.D.
At Good Samaritan Hospital, all obstetrical patients are admitted to the 9th floor. There are three postpartum wings, 13AB and 13CD (Mother-Baby Unit), and 7HI (OB Overflow). Furthermore, high-risk obstetrical patients are on 9HI (Special Care Obstetrics). Labor and Delivery, as well as the Level 3 nursery (NICU), are on the 9th floor. Gynecology patients are typically located on the 12th floor.

At Bethesda North Hospital, all obstetrical patients are admitted to the 3rd floor. Gynecology patients are typically located on the 5th floor. The postpartum wing is located on the 2nd floor.

Thursday is designated teaching day. From 7 A.M. to 1 P.M., multiple conferences and teaching sessions occur on a weekly basis and the residents are expected to attend these unless extraordinary events preclude this. This didactic time is protected from clinical duties.
OUT-PATIENT CLINICS

Every resident has weekly rotations in the Outpatient Clinic (Faculty Medical Center and Bethesda North Clinic). Each resident regardless of whatever rotation he/she is partaking must return to the Faculty Medical Center or Bethesda North Clinic for his/her Continuity Clinic session (scheduled each day with the exception of Tuesday).

Specialty clinic rotations in addition to the Continuity Clinics have been scheduled for the PGY-2 and PGY-3 levels. Specialty clinics include: Urogynecology, Reproductive Endocrinology and Infertility, and Gynecologic Oncology.

The High Risk Senior Resident will not have Continuity Clinic scheduled.

An attending preceptor will be present at each clinic session for supervision of the resident staff. If greater than four (4) residents are present in the Clinic at any one time, a second preceptor will be present.
I. CHIEF RESIDENT RESPONSIBILITIES

A. Administrative Chiefs

1. On-Call and Vacation Schedule
2. Back-up clinics by covering Labor and Delivery
3. Medical student orientation and evaluations
4. Conference and Didactic schedule
5. Cover service when OB or GYN chief on vacation
6. Case presentation, introduction of resident and leading question and answer session
7. Resident meetings and evaluations

B. Obstetrical Chiefs

1. Responsible for ALL OB patients – service and private
2. OB Clinic
3. OB Morbidity/Mortality Conference
   - Every Third Thursday of the Month
4. Perinatal Rounds
   - Monday, Wednesday, and Friday
5. Perinatal Conference
   - 12Noon, 1st Thursday/month
6. Select Journal Club articles in conjunction with MFM Staff

C. Gynecology Chiefs

1. Assign OR cases for residents and medical students the night before
2. Communicate case coverage with the attending staff weekly
3. Dysplasia Clinic
4. GYN Morbidity/Mortality Conference
   - Every Second Thursday of the Month

D. Clinic Chiefs

1. Dysplasia Clinic
2. High Risk Clinic
3. Urgent Care Clinic
4. Schedule clinics and handle conflicts
5. GSH: Review Beta Book with attending physician
6. Assist Junior Residents with patient disposition
7. Assist Junior Residents with surgery scheduling
CHAIN OF COMMAND

It is expected that the more senior resident shall have authority in any given situation should such authority be needed. This includes medical management decisions and decisions affecting the running of the residency.

ATTENDANCE OF CHIEF RESIDENTS

Any absence of the chief residents requires approval by the program director.

JOB INTERVIEWS FOR CHIEF RESIDENTS

Chief residents will be given time off to go for job interviews with approval of the program director. The program coordinator must be notified of any days off for interviews. The number of days will be limited to five (5). Additional days off must be approved by the program director. Interview days will be counted toward total days off for the year.

LEVELS OF SKILL

The purpose of this residency program is to provide outstanding training to Obstetrics and Gynecology Residents in preparation for their many years of practice following the residency. While the basic goal of the residency is to assure adequate training to allow passage of the Obstetrics and Gynecology Boards, it is hoped that the training received by the residents will allow them to rise above the level of simple adequacy. It is not the intention of this residency program to adequately train the residents in the various sub-specialties such as Maternal-Fetal Medicine, Endocrine/Infertility, or GYN Oncology. It is hoped that the residents will achieve enough exposure in these sub-specialties to not only learn their basics but to also learn their limitations in the sub-specialties as general OB/GYN physicians. The levels of expertise should allow the graduating resident to serve as a consultant in the field of Obstetrics and Gynecology to the community based physician. It is expected that graduates of this program will pass both the written and oral boards as given by the American Board of Obstetrics and Gynecology.

It is understood that individual residents will progress at individual paces. What follows, however, is a listing of the basic skills that residents would be expected to know following completion of each year of training. These should serve as guidelines to assist in the assessment of a resident’s training.
The resident must understand that much of the training in any residency comes not from lectures, conferences, teaching rounds, or anecdotal experiences. Indeed, the most valuable learning comes from independent study by each individual resident. This includes studying the basic Obstetrics and Gynecology textbooks, staying up-to-date with journals in the specialty, and attending conferences where experts in the field provide teaching. The ultimate responsibility for any resident’s education lies with that resident. Not only does this residency hope to teach valuable surgical skills, but also to stimulate each resident’s learning capacity.

**TEXTBOOKS**

The following textbooks are considered by the faculty to be essential supplements to your clinical and didactic experience within the program. These books should be part of your permanent library and should be purchased by you. Some of them have already been given to you via the generosity of the department and authors.

* 1) Williams Obstetrics or Gabbe et al Obstetrics
* 2) TeLindes Operative Gynecology
* 3) Baggish and Karram Atlas of Pelvic Anatomy and Gynecologic Surgery
* 4) Comprehensive Gynecology, Clinical Gynecology, or Novak's Gynecology
* 5) Hoskins et al Gynecologic Oncology, Berek-Hacker Gynecologic Oncology, Gershenson et al Gynecologic Oncology, or DiSaia-Creasman Clinical Gynecologic Oncology
* 6) Speroff, Fritz Gynecologic Endocrinology
* 7) Walters and Karram Urogynecology, Reconstructive Pelvic Surgery
* 8) Creasy and Resnick Maternal Fetal Medicine
* 9) Callan Text for OB/GYN Ultrasound
10) Liu, Gass Perimenopause
11) Sweet, Gibbs Infectious Diseases of the Female Genital Tract
12) Kurman Pathology of the Female Genital Tract

* Recommended reading before or during clinical rotation

**RULES AND REGULATIONS OF THE RESIDENCY**

As with all institutions, this residency can function only with the cooperation and efforts of those people working within it. In order to assure the smooth functioning of the residency, certain rules and regulations must exist for this. While not all situations can be anticipated and covered by the following statements, they will, hopefully, suffice to maintain order within the residency.
HOSPITAL COMMUNICATIONS

Each resident will be assigned a wireless phone and/or pager and he/she will be expected to respond to calls in a timely manner.

MORNING SIGN-IN

During the weekdays, all residents assigned to OB/GYN at Good Samaritan Hospital will report at 6:45 A.M. for check-in in the R. T. F. Schmidt Classroom, 9th Floor. All residents assigned to OB/GYN at Bethesda North Hospital will report at 6:45A.M. for check-out in the designated area, except for Thursday mornings which will be in the Rubins Classroom. Timeliness will be expected. All residents are expected to attend. All chief residents are expected to be at each of the sign-ins. The purpose of sign-in is to communicate regarding patient care. The senior resident on-call the night prior to the morning conference will be in charge of the conference. He/she will present the previous night’s OB/GYN activities to the assembled residents and attending physician. Communication will occur between the residents going off call and the residents coming on duty regarding patient care and management. During these discussions, fetal tracings will be reviewed and other pertinent educational points shall be discussed. If the junior resident cannot attend check-in rounds, 9HI or off service, he/she is required to check out to the senior resident on-call at 6:30-6:45 A.M.

* The residents going off call are required to keep their cell phones and pagers on for a minimum of 1-hour to allow the care team the ability to make contact should a clinical question arise.

DAILY SIGN-OUT

Every weekday sign-out will occur at 5 P.M. on Monday through Friday; however, this may be delayed by the senior resident because of emergency work. During this time, the residents on each service will sign-out to the on-call resident’s activities of the day and communicate with those residents regarding patient care. Any resident who desires to leave the hospital between 7 A.M. and 5 P.M. must contact the chief of their service and the program director’s office. If the resident is not planning on returning that day, he/she must notify, in addition to the chief, the on-call resident. All known work must be completed prior to check out. The main purpose of the sign-out is, again, communication regarding patient care.

* The residents going off call are required to keep their cell phones and pagers on for a minimum of 1-hour to allow the care team the ability to make contact should a clinical question arise.
CALL SCHEDULING

Call begins with sign-out on a given day and ends with sign-in on the next day. The call schedule shall be made out by the administrative chief for that month. The call schedule for any given month will be completed by the 20th day of the preceding month. The call schedule is subject to approval by the director of the residency. All personal requests for the given call schedule must be submitted by the first of the preceding month. Requests will be honored, if possible, in some instances. When requests are not possible, the decision will be made by seniority. After the call schedule is submitted, if a trade is desired between two or more residents, the administrative chief must approve such a change. Furthermore, any changes made after the call schedule is printed must involve a written notice to the operators and to all the OB/GYN floors. This is the responsibility of the involved residents. No resident shall be allowed to do back to back call nights.

If a resident is sick, he/she is expected to notify the administrative chief as soon as possible to allow for rescheduling of the night call. Except for extremely unusual circumstances, night calls missed due to sick leave will be made up at a later date in the year. The program director will deal with any call problems stemming from the prolonged absence of a resident due to illness.

MOONLIGHTING

The policy for moonlighting follows:

1) No moonlighting is permitted unless it can be objectively shown to have a beneficial effect on the resident’s education.
2) No moonlighting activity is permitted for residents who have not demonstrated excellence relative to scholarly performance as evidenced by above average scores on the in-service examinations and faculty evaluations.
3) No resident may moonlight unless he/she has formal written permission by Dr. Steven Johnson, Program Director, TriHealth OB/GYN Residency-Training Program.

Failure to comply with any of the above rules could result in disciplinary action.

TEACHING CONFERENCES/BLOCKED TIME LECTURES

It is expected that all residents attend teaching conferences. It is expected that every effort will be made on the part of the resident to attend these, which are for the benefit of the resident. Each resident is expected to be ON TIME. Furthermore, residents will be assigned by the administrative chief resident to give presentations at various conferences. That resident will be expected to make such presentations in an organized fashion. Also, Journal Club must be attended and articles are presented by designated residents.
CREOG EXAMINATION

The CREOG Examination is given once per year in January of that year. All residents must take the examination and any absences on that day require approval by the program director. All residents will take the examination even if they are on vacation that week. The program director and/or assistant director of the residency-training program will discuss the results of the examination with each resident on an individual basis. The CREOG Examination is not the sole determining factor of any individual resident’s progression through the residency-training program. The examination result, however, will become part of the overall evaluation of a given resident. This, in turn, will have bearing on any given individual’s progression through the training program.

OB/GYN CLINIC

The clinic system at TriHealth is set up not only to provide quality medical care to the community, but also to provide “private” patient services to the OB/GYN Residents. Consequently, these clinics are to be run much in the way that one would run a private OB/GYN office. This means that the patients will be seen in a timely manner and that all residents assigned to the clinic should be on time for those clinics. The residents are expected to work effectively with the clinic administrators and nurses. Residents should remember that such people are present long before and long after any individual resident in that clinic. Each resident is expected to attend his/her scheduled clinic day.

ATTENDING PATIENT CARE

COMMUNICATE AT ALL TIMES

All attending physicians must be notified of any patient admission after the patient is seen by the resident. The attending physician must be notified of any major change in their personal patient care. When calling the attending, the resident must have a treatment plan formulated for the patient and the plan should be presented to the attending staff. The attending has the final decision in the care of his/her patient.

When called for a problem that requires the resident to see the patient, the resident is required to write a note on the chart. If a student writes the history and physical, it must be read, corrected and completed by the resident and signed. In addition, the resident is required to write an admission note in addition to the medical student's history and physical.

Residents not seeing a patient on admission or prior to surgery will not be tolerated and will be reprimanded. (The only exception is AM admissions; however, it is expected that the resident make an honest effort to see the patient prior to surgery.)
OBSTETRICS SERVICE PATIENTS (OBS)

1. The attending on-call should be notified of all OBS admissions, all admissions from the Emergency Unit, and all admissions to Labor and Delivery. Prior to calling, the resident should formulate diagnosis and treatment plans and review them with the senior resident.

2. The senior resident on-call must be notified of any OBS patients admitted.

3. The senior resident should be called for any developing problems during labor and for any patient, including private patients, in which there is acute fetal distress. Also, if the OB Resident believes that surgical intervention is necessary, the senior resident should be called.

4. A copy of all dictations should be sent to the clinic and covering attending physician.

5. All high-risk patients will be seen by a resident and a history and physical will be performed. The attending on-call should be notified of patient and treatment plan after discussion with the senior resident. All high-risk patients should be evaluated by a resident, and a history and physical should be done and placed on the chart unless specifically requested not to do so by the patient or attending. All patients for OB Clinic and perinatology discharged from 9HI should have a discharge summary dictated. A copy should be sent to the OB Clinic.

6. The senior resident is responsible for calling the attending to notify of plan for operative vaginal delivery or surgical intervention.

7. All OBS patients admitted should have either an admission note or history and physical dictated or entered into OB Tracevue.

8. OB Service patients in Labor and Delivery should have notes in the chart regarding progress at a maximum of two (2) hour intervals. Any time a patient is checked, a note should be on the chart both timed and dated.

9. Remember the chart is a legal document. No inappropriate charting will be tolerated.

10. The resident in charge of Labor and Delivery (including the OB On-Call Resident at night) is responsible for knowledge about all patients in Labor and Delivery.

11. Clinic
   a. Chief Resident should be notified of any high-risk problems.
   b. No OB patient with high blood pressure should leave the clinic until completely evaluated.
   c. If there is a question regarding patient care – ASK!!!
OB – ATTENDING PATIENTS (Perinatology, Bhati, Feghali, and all High Risk patients)

1. The resident in charge of Labor and Delivery (including the OB On-Call Resident at night) is responsible for knowledge about ALL patients in Labor and Delivery and their progress.

2. After evaluation, the attending should be notified on assigned treatment plan.

GYNECOLOGY

1. The resident who performs the surgery is expected to follow the patient until discharge regardless of what service the resident is on unless a colleague on the GYN service assumes the follow-up care.

2. If the patient is re-admitted due to postoperative complications, the resident who performed the surgery is expected to ADMIT and FOLLOW the patient regardless of what service the resident is on unless a colleague on the GYN Service assumes the follow-up care.

3. Patients seen with a postoperative complication should have a note written by the resident and the attending should be notified with a treatment plan.

4. Patient admitted at night must be seen by the resident on-call the following A.M. and then checked out to the GYN chief resident at the 6:45 A.M. check-in rounds.

5. Residents are expected to be in the Operating Room prior to the starting time. It is not the responsibility of the Operating Room to notify you of a starting time unless the case has been significantly delayed (> 30 minutes).

6. Operating Room dictations are to be done immediately after surgery.

7. Clinic
   a. Questions on patient care should be directed to the chief resident or preceptor.
   b. Any patient, in which surgery is scheduled, should be seen by the preceptor or chief resident. The preceptor or chief resident is required to sign the scheduling form.

8. All residents are required to notify the Clinic Chief and present patients who are being followed as ‘Rule Out Ectopic’. The chief resident should be notified of all progress regarding these patients.

9. All active r/o ectopic patients will be presented at morning check-in each day.
MEDICAL STUDENTS

The administrative chief resident will assign all medical students on OB/GYN rotations at TriHealth to a given service. At that point, they will then be under the direct supervision of the chief resident of each respective service. All student history and physicals, orders, and progress notes must be co-signed by a resident in a timely manner. No student is to evaluate patients in the Emergency Unit unless accompanied by an OB/GYN Resident. Furthermore, any pre-admission history and physicals done by the medical student must be reviewed with an OB/GYN Resident and signed by that resident at the time that they are completed. Medical students are never to see a patient in the OB/GYN Clinic without resident supervision. This means that the resident must be present in the room for all pelvic examinations and the bimanual examination must be repeated by the resident at the time of the student physical. No clinic patient shall see only a medical student and each clinic patient must see and talk to an OB/GYN Resident with each visit. Students will be expected to follow all OB and GYN cases that they scrub on. Each fourth (4th) year student will present a short topic of his/her choice to his/her fellow students and residents. The topic will be approved and time allotted per the administrative chief resident. Topics will be selected the first week of each student’s rotation. The third (3rd) year students will present prolog topics at the end of each morning report, time permitting.

CONFLICTS WITH ATTENDINGS, HOSPITAL STAFF, HOSPITAL ADMINISTRATORS AND/OR OTHER RESIDENTS

Any resident who encounters an issue of conflict with hospital staff, administrators, attending physician, or other residents, which cannot be solved on an individual basis, must notify the chief resident and/or program director of such an incidence.
SICK LEAVE/PERSONAL LEAVE

The maximum allowable sick time with pay is 30 days per calendar year. However, if a house staff member is unable to return after delivery of a new born due to medical reasons, the sick pay may continue up to 42 days. Staff members must report absences to the office of the program director as soon as possible to accommodate scheduling changes. For prolonged or frequent absences for illness, the program director may request verification of the illness. Program requirements for accreditation may mandate make-up time for absences. The program director will determine whether make-up time is necessary based on the requirements of the certifying board or Residency Review Committee and the resident’s standing in the program. Full pay and benefits will continue during the make-up time period.

A Family/Medical Leave (FMLA) may be requested for a maximum of 12 weeks if an eligible house staff member has a serious health condition, needs to care for a seriously ill family member or the birth or adoption of a child. Benefits coverage will continue on the same basis as prior to the leave. Eligibility requirements of at least one year employed and 1,250 worked hours in the previous 12 months are established by the Family Medical Leave Act. FMLA application forms and medical certification to support a request for leave for a serious health condition are required. A second medical opinion may also be required. A Medical leave of absence for staff members own serious illness may be available for those who do not qualify for FMLA or when FMLA is exhausted, For more information about eligibility and the application process for a leave, contact your program director.

A Personal Leave may be approved for up to a maximum of 30 days for hardship cases. Approval for Personal Leaves is at the discretion of the program director.

All leaves must be applied for as soon as possible in order to facilitate scheduling changes. If the need for a leave is foreseeable, the house staff member must submit a request for the leave at least 30 days prior to the leave.
VACATIONS

1. PGY-4, PGY-3, PGY-2 Residents will have four (4) weeks vacation from August to early June. PGY-1 Residents will have three (3) weeks vacation from August to early June.

2. Vacations of greater than one (1) week will be approved by the Program Director.

Vacation Sign Up:

1. The administrative chief residents will accept vacation requests from the resident staff. However, vacation may be prescribed to protect the best interest of the residency program and patient care.

2. You may ask for a week of vacation at any time but it will not be confirmed until three (3) months before the month of vacation. Vacations are selected on a six (6) month block basis. Each level will select their respective weeks before it is passed down to the next class.

3. When two (2) people desire the same week, the issue will be settled by seniority.

4. Conference time will have no affect on seniority.

5. If there are any questions about vacation or problem with assignments, it should be discussed with the administrative chief residents and program director. The decision of the program director is the FINAL decision.

6. NO vacations are allowed on Night Float rotation, OB (as an intern), and REI.

7. Two (2) people from the same service, e.g. OB or GYN, are not allowed to take vacation at the same time.

8. Two (2) junior residents (PGY-1 and PGY-2) will not be allowed vacation at the same time. Two (2) senior residents (PGY-3 and PGY-4) will not be allowed to take vacation at the same time.

9. Only one (1) resident will be granted vacation from Bethesda North. Exceptions may be made at the discretion of the program director if patient care coverage can be maintained.

10. A resident will not be allowed to take vacation during the PGY-2 Research rotation if the assigned work has not been completed to the satisfaction of the research mentor or Dr. Donna Lambers.

11. Case statistics and medical records must be completed prior to leaving on vacation or conference.
RESIDENT STATISTICAL DATA

The resident should understand that this data and its accompanying information are important and necessary for certification of the entire residency and for privileging at hospitals upon graduation. Consequently, it is expected that these cases be entered on a regular bi-monthly basis. Any individual resident who fails to enter these on a regular basis may have his/her vacation(s) revoked at the discretion of the program director.

A.C.O.G. DUES

The Department of Obstetrics and Gynecology will pay the American College of Obstetricians Junior Fellow dues for each PGY level resident.

LAB COATS

A PGY-1 Resident is given four (4) lab coats when he/she starts the residency program. At any time during his/her residency, he/she may request two (2) additional lab coats if those previously given are in bad condition, lost, or no longer fit.

BOOKS

The Department of Obstetrics and Gynecology purchases four (4) books for the PGY-1 Residents when he/she starts residency-training. PGY-2 to PGY-4 will be reimbursed $120.00 each year for a book(s). Present the receipt for this reimbursement.

TRAVEL ALLOWANCE

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<td>PGY-4</td>
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