

# Obstetrics Fellowship Handbook

Academic Year 2023-2024

Approved by the Graduate Medical Education Committee on

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Program Director

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Note: This handbook is subject to revision. The reader is advised to only reference the version of the handbook as is posted online.

In the event of a conflict between this handbook and UA or CCHS policy, the policy will prevail.



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## Sponsoring Institution Information

### Introduction

Within this handbook, you will find resources on the College of Community Health Sciences, as well as relevant policies and procedures, available resources, and many other topics.

The handbook and any policies and procedures listed herein are subject to change and update, accordingly trainees are advised to always use the CCHS intranet for the latest handbook and the hyperlinks therein for up-to-date policy and procedure.

This handbook is divided into two sections:

- The beginning of the handbook is applicable to trainees in all programs, from our Family Medicine Residency to our seven different post-residency fellowships. It contains general information about the College and its role as the Sponsoring Institution for the University's Graduate Medical Education programs. You will find links to valuable resources and important policies.
- The second part of this handbook contains information specific to your program.

The absence of policy, procedure and any other regulations and guidelines from this Handbook does not excuse the trainee from their responsibility to be aware of such as they may apply to trainee.

This Handbook should not be construed as, and does not constitute, an offer of employment by the University for any specific duration, nor is it intended to state any terms of employment not otherwise adopted and incorporated as part of any Trainee Agreement.

## About the College

### **The College of Community Health Sciences**

The College of Community Health Sciences was established at The University of Alabama in 1972 in response to the Alabama Legislature's mandate to solve the critical need for health care in rural Alabama. That same year, the College was also designated as a regional campus of the UAB Heersink School of Medicine to provide clinical training to medical students. Dr. William R. Willard was recruited as the College's first dean following his retirement from the University of Kentucky. Willard, known as the father of family medicine for his national role in establishing family medicine as a specialty, began recruiting faculty and staff, and the College's first full-time students enrolled in 1974.

Since that time, the College has educated more than 500 family medicine physicians who are working in medical practices, hospitals and universities throughout the United States. In its role as the Tuscaloosa Regional Campus of the Heersink School of Medicine, formerly the University of Alabama School of Medicine, the College has educated more than 900 medical students who have been competitive in obtaining entry to prestigious residencies across the country in family medicine and other specialties, including internal medicine, pediatrics, obstetrics and gynecology, psychiatry, neurology and surgery.

The College's first medical clinic opened in 1975 in Tuscaloosa and by 1993 had 13,800 patients. Today, University Medical Center provides comprehensive patient-centered care from five locations – University Medical Center, located on the UA campus, UMC-Northport, UMC-Demopolis, UMC-Fayette and UMC-Carrollton – that form the largest community practice in West Alabama with more than 150,000 annual patient visits. University Medical Center also serves as the base for the College's clinical teaching program. In addition, the College also operates the UA Student Health Center and Pharmacy and Brewer-Porch Children's Center.

CCHS faculty and graduate students engage in research and scholarship and provide community outreach through the Institute for Rural Health Research, established by the College in 2001 with the goal of improving health in Alabama and the region, and the UA Center for Convergent Bioscience & Medicine.

### **Capstone Health Services Foundation**

The Capstone Health Services Foundation (CHSF) is a separate 501(c)-3 organization serving as the physician's practice plan. CHSF is an affiliated foundation of The University of Alabama. CHSF operates the University Medical Center (UMC) at its several locations, as well as the Capstone Hospitalist Group.

## Mission

We are dedicated to improving and promoting the health of individuals and communities in Alabama and the Southeast region through leadership in medical and health-related education, primary care and population health; the provision of high quality, accessible health care services; and research and scholarship.

We pursue this mission by:

- Shaping globally capable, locally relevant and culturally competent physicians through learner-centered, innovative, community-based programs across the continuum of medical education.
- Forging a reputation as a leading health sciences academic research center.
- Providing high-quality, patient-centered and accessible clinical services delivered by health-care professionals of all disciplines.
- Fostering a more diverse, equitable, and inclusive CCHS.
- Creating a culture of employee wellness and growth.

## Graduate Medical Education at The University of Alabama

The College of Community Health Sciences (CCHS) is the sponsoring institution for all Accreditation Council for Graduate Medical Education (ACGME) graduate medical education (GME) programs offered at The University of Alabama. The ACGME requires that graduate medical education programs operate under the authority and control of one sponsoring institution. In addition, there must be an organized administrative system led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC) that oversees all ACGME-accredited programs of the sponsoring institution. CCHS's GMEC has been charged to oversee all GME programs regardless of accreditation status. It is not uncommon for sponsoring institutions to have advanced training programs (Fellowships) in areas in which specialty board accreditation or certification is not offered. At CCHS, all GME programs are held to the same standards of compliance and monitoring as established by ACGME. Table One depicts CCHS's graduate medical education programs.

The Sponsoring Institution is home to a Residency in Family Medicine, as well as seven fellowships. Of these programs, the Residency and the Sports and Geriatric Medicine fellowships are all ACGME accredited. See **Table One** for program overview.

**Table One – GME Programs at CCHS**

<b>PROGRAM NAME</b>	<b>ACCREDITATION AGENCY</b>	<b>PROGRAM DIRECTOR</b>	<b>NUMBER OF APPROVED TRAINEES</b>	<b>TRAINING PERIOD (YRS)</b>
Family Medicine (FM) Residency	ACGME	Tamer Elsayed, MD	48	3
Sports Medicine Fellowship	ACGME	Ray Stewart, MD	3	1
Geriatric Fellowship	ACGME	Anne Halli-Tierney, MD	2	1
FM-OB Fellowship	None	Cathy Lavender, MD	2	1
FM Hospitalist Fellowship	None	Robert Sheppard, MD	4	1
FM Behavioral Medicine Fellowship	None	Marissa Giggie, MD	2	1
FM Emergency Medicine	None	Tamer Elsayed, MD	2	1
FM Pediatrics Fellowship	None	Sara Phillips, MD	1	1

The DIO for the sponsoring institution is Dan Walters, JD, MBA. Mr. Walters was appointed DIO in December 2020. The DIO has the authority and responsibility for oversight and administration for all the GME programs at CCHS (regardless of ACGME accreditation) and works in collaboration with the GMEC for its oversight of all graduate medical education programs and activities.

The GMEC is comprised of program directors from the residency and fellowship programs, a designated representative from DCH Regional Medical Center, the participating site in which our trainees do most of their inpatient training, as well as program faculty, peer-selected residents and fellows and a quality improvement/patient safety officer.

The ACGME tasks the GMEC with oversight <sup>1</sup> of:

- ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;

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<sup>1</sup> ACGME Institutional Requirements 2022, I.B.4.a.



- the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;
- the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies);
- ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Additionally, GMEC is responsible for the review and approval <sup>2</sup> of:

- institutional GME policies and procedures;
- GMEC subcommittee actions that address required GMEC responsibilities;
- annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- applications for ACGME accreditation of new programs;
- requests for permanent changes in resident/fellow complement;
- major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
- additions and deletions of each of its ACGME-accredited programs' participating sites;
- appointment of new program directors;
- progress reports requested by a Review Committee;
- responses to Clinical Learning Environment Review (CLER) reports;
- requests for exceptions to clinical and educational work hour requirements;
- voluntary withdrawal of ACGME program accreditation or recognition;
- requests for appeal of an adverse action by a Review Committee; and,
- appeal presentations to an ACGME Appeals Panel; and,
- exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.

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<sup>2</sup> ACGME Institutional Requirements 2022, I.B.4.b.

## Policies and Procedures

The Sponsoring Institution maintains policies specific to its GME endeavor. Additionally, trainees should reference [CCHS policies](#), many of which will be applicable to trainees. Finally, trainees are encouraged to review [University of Alabama policies](#), paying special attention to [those regarding employment](#). Trainees should also consult the [UA Employee Handbook and Policy Manual](#).

Policies are reviewed and updated on a regular basis; therefore, trainees should refer to these online postings of policy, rather than any paper versions to ensure they are accessing the most recent version. Further, from time-to-time policies may be created or retired. These changes will be reflected on the [Sponsoring Institution Policy page](#).

[Sponsoring Institution Policies](#) include:

1. Eligibility, Recruitment, and Appointment
2. Promotion, Appointment Renewal and Dismissal
3. Due Process
4. Grievances
5. Leave
6. Impairment
7. Harassment
8. Accommodation for Disabilities
9. Supervision and Accountability
10. Clinical and Education Work Hours
11. Moonlighting
12. Vendors
13. Non-competition
14. Disaster and Substantial Disruption
15. Program Closures and Reductions
16. Drug and Alcohol
17. Probation-Remediation-Suspension
18. Professional Appearance Policy
19. Well Being, Fatigue Mitigation and Monitoring

## Expectations for Professionalism and Reporting Avenues

Professionalism is vital to the clinical practice of medicine and to trainee development. To that end, trainees will be evaluated on professionalism through the milestone process. Professionalism concerns will be addressed immediately. Further, professionalism is fundamental to the College's Mission and to all of its critical endeavors; clinical, educational, research, and otherwise. As such, the Institution expects the utmost professionalism from its trainees and all other participants associated with graduate medical education.

This expectation of professionalism extends to a trainee's peers, faculty, staff, students, other providers, patients, and all other individuals with whom the trainee interacts during their training. Trainees are advised that concerns regarding their professionalism will be reported to the Dean.

If trainees feel that they have experienced unprofessional behavior during their training from any party, they are encouraged to report such to their Program Leadership, the DIO, the CCHS Associate Dean of Academic Affairs, or the CCHS Dean. Programs may have other means of reporting available. Every effort will be made to remedy any professionalism issues within the training environment.

Trainees may find further information regarding allegations of sexual misconduct at the [University's Title IX Page](#).

Dr. Bob McKinney, LICSW is the College's Designated Harassment Resource Person, and is specially trained and designated to receive complaints of harassment. Dr. McKinney is available at (205) 348-7195 or [rmckinney@ua.edu](mailto:rmckinney@ua.edu).

Trainees are encouraged to reference the following policies:

- Sponsoring Institution [Grievance](#) Policy
- Sponsoring Institution [Harassment](#) Policy
- The University of Alabama's [Equal Opportunity, Non-Discrimination, and Affirmative Action Policy Statement](#)
- University of Alabama's [Title IX and Sexual Misconduct Policy](#)
- Their individual program's professionalism policy, both for [residency](#) and [fellowships](#).

## Working with Medical Students

The College of Community Health Sciences serves as an academic and clinical home for the Tuscaloosa Regional Campus of the University of Alabama School of Medicine. Third- and fourth-year medical students are assigned to the various specialty services at University Medical Center. While the ultimate responsibility for students' education remains with the faculty, trainees are expected to be involved in the teaching of medical students.

Trainees are reminded of their obligation of professionalism in their work with Medical Students. The College has zero tolerance for unprofessional behavior.

Trainees are to allow and expect medical students to perform histories and physicals, formulate ideas concerning impressions and diagnoses, and suggest treatments. Trainees are to see the patients either with or following the students to make sure findings and assessments are accurate and to provide opportunity for necessary instruction. Trainees and students also present patients to faculty in OB/GYN and Pediatrics. Trainees are expected to assist students with these presentations whenever time permits. Students will be allowed to perform procedures under direct supervision of fellows or faculty. Orders are to be countersigned immediately in all instances by the trainee responsible for the patient.

Trainees should familiarize themselves with the rotation goals and objectives for each medical student rotation for which they are assigned. Trainees will also attend a lecture/seminar on providing appropriate feedback and teaching skills directed towards medical students.

The trainees may require the student to do reasonable reading and research on a patient. The student should be familiar with all pertinent laboratory and clinical facts. Ideally, the student should present the patient to the attending for comments and guidance, with the help of the trainee on rounds. Both trainees and medical students are to present patients during morning report on the Internal Medicine rotation and/or Family Medicine rotation. Interns must perform and dictate a separate H&P from that of the medical student.

At University Medical Center Clinics or participating sites, a fellow **or** an attending, or an upper-level resident **and** an attending, must review all patients seen by a medical student. The attending or fellow should personally see the patient prior to the conclusion of the patient visit.

Evaluations of students' performance may be requested from trainees for each student under his/her instruction. These are to be filled out online and returned to the clerkship directors.

## Wellbeing

### **Mental Health**

CCHS provides residents and fellows access to no-fee, confidential counseling services for individual and/or relationship counseling. The only information that the counselor shares with us is the number of individuals served per month in order to determine whether or not to continue offering the service.

Who: Mona Ochoa-Horshok, LPC

What: Confidential Counseling

Cost: Free to Residents, Fellows, and UASOM-Tuscaloosa Medical Students

When: Two evenings a month, between 5:30 and 7:30 pm

Where: UMC - Please contact Mona for an appointment.

Appointments: [mochoahorshok@gmail.com](mailto:mochoahorshok@gmail.com) or Call/Text (205) 393-9029

Physicians have a higher frequency of drug abuse, burnout, affective disorders, and marital disharmony than other people of similar social standing. Suicide is more frequent among physicians, possibly because doctors are reluctant to acknowledge illness or difficulties. The faculty of CCHS recognizes the potential for emotional difficulties among trainees and the need for assistance. Physicians in training who are having difficulty may bring this to the attention of the Residency Director or their Advisor without fear of consequence or disapproval. Confidentiality is important. Trainees are encouraged to consult with the psychiatry and behavioral medicine faculty in CCHS.

The College also provides trainees a wellness tracker tool at no charge. Interested trainees should consult Dr. John Burkhardt ([jeburkhardt@ua.edu](mailto:jeburkhardt@ua.edu)) for further detail.

If there is interest in obtaining assistance outside the College, several professional resources are available. A brief directory of community resources includes:

### **The University of Alabama Employee Assistance Program (EAP)**

The University of Alabama has contracted with American Behavioral to provide professionally trained counselors to give you options and resources for coping more effectively with a variety life challenges.

[Uprise Health](#) is a full-service behavioral health care organization with a nationwide network of licensed and credentialed providers in 38 specialties. Eligible employees and dependents residing in Tuscaloosa, outside of Tuscaloosa, and even out-of-state have expanded access to highly-qualified EAP counselors.

**To locate an EAP Provider in your area, find out more information about how the EAP may help you, or to schedule an appointment, contact American Behavioral at (800) 925-5327.**

**Other Resources**

Indian Rivers Community Mental Health Center: (205) 345-1600

UMC Psychiatry Department: (205) 348-1265

Alcoholics Anonymous: <https://westalaa.org/>

Alabama Professionals Health Program: (334) 954-2596

## Administrative Practices

### 1. Trainee Agreement

The Trainee Agreement is issued prior to commencement of initial training, and only after Trainees have received acceptable results on [their pre-employment drug and alcohol screen](#) as well as satisfactorily completing any other pre-employment requirements as may be required by the Program, College, or University.

### 2. Human Resources

The University's Human Resources is available for further information on matters of employment with the University. Trainees can contact the HR Service Center at 205-348-7732 or [hsvctr@ua.edu](mailto:hsvctr@ua.edu). Trainees may also wish to visit UA HR's [Employee Resources page](#) for a helpful reference. Finally, Trainees should review the [UA Employee Handbook and Policy Manual](#). A selection of the important items in the UA Employee Handbook are listed below, however trainees should review the entire document:

- Equal Opportunity, Non-Discrimination, and Affirmative Action
- Anti-Retaliation
- Affirmative Action Program
- Voluntary Reporting of Protected Veteran and/or Disability Status
- University Drug-Free Campus and Workplace and Other Alcohol Policies
- Commitment to Diversity
- Title IX and Sexual Misconduct Policy Compliance

### 3. Compliance

- HIPAA, Infection Control, and Confidentiality Agreement: CCHS requires mandatory training at the beginning of employment and annual renewal thereafter. Certification is documented via the trainee signing and submitting an acknowledgement form. These training courses and the acknowledgement form can be found on the CCHS Intranet site.
- UA Compliance Training: In order to meet state and federal requirements as well as University of Alabama policy, University faculty, staff, and students may be required to take mandatory training on specific topics. Many of the mandatory compliance training topics must have the course or a refresher course completed on an annual basis. Refer to the [Compliance, Ethics, and Regulatory Affairs website](#) for an overview on [Compliance Training](#).

- Sexually Explicit Material: Pornographic material of any kind (videos, screen savers, posters, etc.) is prohibited in any portion of CCHS or other sites in which trainees are assigned.
- Working with Minors: Trainee's patient panels will include patients of all ages, including minor children. In addition, there is a possibility that trainees will work with shadow students. In order to protect trainees and minor children, all University training courses regarding child protection must be completed as required in a timely manner.

Further, trainees should be aware of the [University's Child Abuse Reporting Policy and Procedures](#), as well as the [College's Sensitive Physical Examination Policy](#).

- Other Compliance courses may be deemed mandatory and required to be completed by trainees as determined by CCHS and/or The University of Alabama. Timely completion is expected.

#### **4. Salary and Paychecks**

- The University of Alabama pays residents a graduated salary, and follows the stated salary, subject to such withholdings as required by law or authorized by the trainee. The salary is specified in the trainee's Agreement. Trainees are paid in 12 equal monthly installments, by direct deposit, on the last day of each month. Any questions concerning monthly paychecks should be directed to The University of Alabama Payroll Office at (205) 348-7732. While paid a salary, trainees are considered neither faculty nor staff of CCHS or The University of Alabama, but rather are generally classified by the University as post-doctoral graduate students with regard to athletic, social, and cultural events, use of University facilities, participation in University governance, parking privileges, and University services. *(Note for PGY-1 Residents: Interns receive 13 paychecks for 12 months and three weeks of training. Interns are to collect their first paycheck at Rose Administration.)*
- Salaries are not intended as compensation for services rendered by the trainee. Although it is believed that an essential part of training includes assigned responsibilities for patient care, under the supervision of faculty physicians and consistent with their skills and experience, receipt of the agreed upon salary shall in no way be conditioned upon, measured by, or related to any patient care service rendered by the trainee incidental to the training program.



- Trainees should be aware that receiving direct patient care compensation is considered “moonlighting,” which is subject not only to the rules of the program and the ACGME, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

## 5. Moonlighting

Fellows are advised that the Alabama State Board of Medical Licensure and the DEA have the authority to independently investigate and prosecute individual fellow physicians with regard to compliance. Moonlighting fellows must be fully licensed with their own malpractice and DEA number. Fellows must obtain written consent from Program Director prior to scheduling moonlighting shifts.

Things to remember when moonlighting:

- Pre-signing prescriptions is not legal or ethical.
- Using University Medical Center (UMC) prescriptions outside UMC is prohibited.
- Controlled substance prescriptions must be properly completed, including the patient’s name and address and the date.
- Fellows should follow accepted practice guidelines of the site of moonlighting.
- All moonlighting fellows should be cognizant of Medicare fraud and abuse guidelines, be aware of state ethics requirements, and remain clear about their individual accountability for contracts, attestations, or statements that they sign in their roles as independent moonlighting physicians.

## 6. Malpractice Coverage

- For training duties, the University provides an occurrence-based malpractice policy through The University of Alabama at Birmingham Professional Liability Trust Fund. This policy covers the trainee during official duties. Moonlighting activities may not be covered under this policy. Trainees should refer to their program’s Moonlighting Policy to understand the insurance ramifications of moonlighting.

## 7. Leave

- To take leave, a trainee must have properly prepared leave request with the approval signature of the Program Director or his/her designee.
- Trainees should refer to the [sponsoring institution’s leave policy](#) as well as those guidelines set forth by their program.

- Family and Medical Leave Act: In accordance with the Family and Medical Leave (FML) Act of 1993, eligible trainees may take FML as described in the [University's Family Medical Leave Policy](#). Trainees should be aware that protracted FML absences may affect time toward board eligibility and may postpone graduation date. Trainees should reference [UA HR's FMLA page](#).
- Administrative Leave: Trainees may be granted administrative leave for activities whereby they directly represent CCHS and their program (e.g., national and regional residency meetings, presentation of papers, residency fairs, etc.). Applications for administrative leave will be submitted and processed in the same manner as all leave requests.
- Holidays: The holidays typically provided by The University of Alabama include New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Juneteenth, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Eve Day Christmas Day and New Year's Eve Day. University Medical Center is closed on these days and hospital services operate on weekend schedules. UMC is open during the Christmas/New Year's holidays (typically including Christmas Eve Day and New Year's Eve Day). Trainees should not make vacation/holiday plans until their program establishes its holiday training schedule.
- Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day observe the following rules (see call schedule for details): Night Float Teams are off the night before the holiday and come in at 5:00 pm on the night of the holiday.

#### 8. Risk Management, Potential Litigation, and Safety Learning Reports

If a trainee receives communication from a lawyer, patient, or insurance company about possible litigation, the trainee should immediately inform the Program Director and DIO, **either in person or by telephone, and telephone** the UAB Director of Risk Management (Claire Black, 205-934-5551). Ms. Black will instruct the trainee on who to notify and who to restrict communications with regarding a possible litigious situation to oral communications. **DO NOT address the specifics of any potential malpractice case in writing, email, text or social media content.** Also inform the Program Director of the conversation with Ms. Black. As appropriate, the Program Director may ask the trainee to update the Chief of the service directly related to the potential case, but here again, do so via oral communication only. Ms. Black will be responsible for obtaining any documents she needs to review, as this allows her to protect

certain confidential information and assists her in the discovery process. Trainees are not to gather any information for her unless specifically requested by her. No trainee should give any information personally or over the phone to an insurance carrier or lawyer other than our own without permission from Ms. Black.

Early recognition and full reporting of potential claims will often lead to clarification and resolution of patient dissatisfaction and prevention of litigation. When this process reveals a legitimate error, early resolution of the issue often prevents long, drawn out, costly, and emotionally wearing litigation.

Sensitivity to dissatisfaction on the part of the patient, his or her family, or “significant others” is an essential skill for successful practice. Clear communication with patients and families, coupled with that sensitivity, is the best protection against professional liability claims.

Safety Learning (incident) Reporting is an opportunity to document instances where patients or families even hint that they are dissatisfied or that they are considering seeking legal advice. Submission of such reports will not be construed as evidence of poor performance on the part of the trainee, but rather that the trainee is sensitive and aware of patient and family attitudes that are not favorable to the doctor-patient relationship.

## **9. Immunizations**

- Hepatitis Immunization – Since trainees are among the high-risk group for hepatitis B, they will be screened for susceptibility if they have not been screened previously. All individuals found to be susceptible will be notified and required to obtain hepatitis immunization. Capstone Health Services Foundation will pay for the immunization.
- TB Testing – Trainees will receive a free PPD test during orientation and thereafter as needed for rotations.
- Varicella Testing – All trainees who have not had chickenpox will receive two doses of varicella vaccine (VARIVAX).
- MMR – All trainees are required to have two doses of measles/mumps/rubella (MMR) vaccine since their first birthday. Trainees who are unsure of their immunization will receive MMR.
- N95 Mask Fitting – All trainees will be required to be fitted for an N95 mask annually.

- Flu Shot – Trainees will receive free yearly flu shots. Those who choose not to have a flu shot will be required to wear a mask in the clinic areas throughout flu season in keeping with University Medical Center policy.

#### **10. Accommodation for Disabilities**

Trainees should reference the [University's ADA page](#) for more information on reasonable accommodations to qualified individuals with disabilities and/or disabled veterans.

#### **11. Workplace Relationships**

The University of Alabama has a [Consensual Romantic Relationships Policy](#) that applies to trainees.

The Policy states, in part: “Employees shall not engage in consensual romantic or sexual relationships with any student or employee over whom they exercise any academic, administrative, supervisory, evaluative, counseling, advisory, or extracurricular authority or influence. This prohibition includes employees engaging in consensual romantic or sexual relationships with other employees when one party to the relationship is an individual who supervises, evaluates, makes assignments for, or grades the other party (i.e. “supervisor/subordinate relationship”). Likewise, employees who have the authority to influence aid, benefits, or services provided to a student may not engage in consensual romantic or sexual relationships with a student seeking such aid, benefits, or services. Similarly, employees who have the authority to influence the academic progress of a student may not engage in consensual romantic or sexual relationships with that student.”

Trainees are encouraged to view the policy online to review full contents and access latest version.

#### **12. Benefits**

A. The College of Community Health Sciences (CCHS) and the Capstone Health Services Foundation (CHSF) will provide trainees with the following:

- Alabama Controlled Substance fees
- Alabama Medical Licensure Commission fees
- Alabama State Board of Medical Examiner fees
- Copays are waived for services provided at University Medical Center for you and your dependents who are on UA's BlueCross/Blue Shield Health Insurance plan. Trainee is responsible for any applicable deductibles and non-covered services.
- DCH Regional Medical Center Meals- up to \$196 per month is allocated

- DCH Regional Medical Center Medical Staff privileges
- Educational Reimbursement (CME funds)-up to \$1000
- Federal Drug Enforcement Agency (DEA) license
- Lab Coats (2)
- Occurrence Malpractice Insurance
- Parking permit codes to DCH parking lot
- Portable disability insurance (with buy-up plans available at extra cost to the trainee)
- University of Alabama Business Cards
- University of Alabama Parking Pass
- University of Alabama Staff ACT card

Individual programs may have additional benefits; see program information.

If a trainee receives a bill or statement from any of the above, they should promptly submit it to their program coordinator for payment.

- B. The University of Alabama offers an array of benefits for the trainees, about which details may be found on the [UA Benefits website](#). UA has also provided a [Benefits Summary Guide](#).

Some employee benefits require timely action by trainees, to include health insurance and retirement plan options. Trainees are responsible for completing the online benefit enrollment process within the first **30** days of employment. Failure to do so will result in ineligibility status until the official open enrollment period begins.

### **13. Equal Opportunity, Non-Discrimination, and Affirmative Action**

The University of Alabama (UA) is committed to compliance with all applicable laws regarding the concept and practice of equal opportunity, non-discrimination (including anti-retaliation and reasonable accommodation) and affirmative action in all aspects of employment practice.

Trainees should review the University's [Equal Opportunity, Non-Discrimination, and Affirmative Action Policy Statement](#).

## Severe Weather Guidelines

One of the methods The University of Alabama uses for emergency notification is UA Alerts. In an emergency, University Relations will activate the system, sending telephone calls (work, cell, and/or home), e-mail, and text (SMS) messages simultaneously to the campus community.

[Find more information about UA Alerts.](#)

[Users will be able to update their personal information using their myBama portal.](#)

If a trainee feels unsafe to travel due to weather, they should contact and discuss with their supervisor and/or program leadership prior to travel.

Trainees should be aware that tornadoes can be a threat in Alabama. The UA Alerts system will notify trainees of threatening weather for the UA Campus. Tornado shelters are located at several locations across campus. *Tornado watch* refers to weather conditions which are favorable for tornado formation. *Tornado warning* refers to a confirmed tornado in the area.

Programs may have program specific severe weather practices. Trainees should reference the program section of this handbook.

## Program Information

The remainder of the handbook contains information specific to your program.

This information is reviewed and updated by Program Directors each year. Any questions on this information should be directed to Program Leadership.

## History

The University of Alabama Family Medicine Obstetrics Fellowship Program was the first and now the oldest Family Medicine Obstetrics Fellowship in the world. The idea of a postgraduate fellowship training in obstetrics for graduating family medicine fellows was developed by Dr. Paul D. Mozley at the College of Community Health Sciences of The University of Alabama School of Medicine in Tuscaloosa, Alabama in 1986. Dr. Mozley then Professor and Chair of Obstetrics and Gynecology and now Professor Emeritus, had the vision of assisting family physicians in obtaining the skills necessary to provide obstetrical care appropriate to the existing and future needs of rural and underserved areas in Alabama. For the last 25 years, obstetrics fellowship programs around the world have modeled Dr. Mozley's original fellowship program design.

For 12 years, Dr. Dwight E. Hooper served as the Fellowship Program Director. In 2014, the Fellowship Program was officially moved to the Department of Family, Internal, and Rural Medicine (FIRM) and Dr. Catherine Lavender was named as the Obstetrics Fellowship Program Director.

In 2005, the Board of Certification in Family Medicine Obstetrics was founded in Tuscaloosa, Alabama following the long time effort of Dr. Paul Mozley, Dr. Sam Gaskins, former Family Medicine Residency Director, Dr. Dan Avery, former chair of the Department of OB/GYN, and Dr. Dwight Hooper. This training program is recognized by the Board of Certification in Family Medicine Obstetrics. Fellows are required to take the written board examination in Family Medicine Obstetrics during May of the Fellowship.



## Program Goals & Aims

- The primary aim of the obstetrics fellowship is to provide an additional year of intensive training in high-risk surgical obstetrics to family physicians who have completed an ACGME accredited Family Medicine residency.
- The program aims to provide robust surgical training including Cesarean sections, tubal ligations, D & Cs, operative vaginal deliveries, and circumcisions.
- Additional aims include attaining competency in high-risk obstetrics, both for inpatients and outpatients. This includes competency in ultrasound.
- Fellows are both learners and teachers in the field and we aim for them to teach while on rounds and in residency and student didactics.
- Fellows are encouraged to be scholars in their field and complete a scholarly activity during the one-year fellowship. Fellows aim to present this research during the second half of the year.
- Fellows are expected to sit for the Family Medicine Obstetrics Board Certification Exam. They are encouraged to complete the certification by sitting for the Oral Exam after graduation.
- The Fellowship attempts to recruit applicants that will fulfill the mission to place surgically-competent, well-trained physicians in rural Alabama to provide family medicine with obstetrical services.

## Lines of Authority

The Program Director for the Fellowship is Cathy Lavender, M.D.

FMOB faculty members include Connie Leeper, MD, Cheree Melton, DO, Ashley Steiner, MD, Eliana Costantino, MD. OB/GYN faculty members include John McDonald, MD, Cecily Collins, MD, Marion Reed, MD, Sachin Shenoy, MD, and Will Lenahan, MD.

The program coordinator is Jeremy Cole.

## Program Specific Policies

In addition to policies from the University and the Sponsoring Institution, the Program has several program-specific policies, with which program trainees are responsible to comply.

[Program-level policies](#) include:

- Clinical and Educational Work Hours Policy
- Moonlighting
- Professionalism
- Supervision and Accountability Policy
- Transitions of Care
- Well-Being, Fatigue Mitigation and Monitoring

## Program Specific Practices

### I. Educational Practices

- A. Professionalism: Professionalism is one of the core competencies that the Accreditation Council of Graduate Medical Education (ACGME) has identified as being vital to the clinical practice of medicine and to fellow development. The Professionalism Policy must be signed and turned into the fellowship office.
- B. Curriculum: The curriculum is longitudinal and includes prenatal care, labor & delivery, inpatient OB/GYN service, family medicine continuity clinic, research, and junior attending teaching responsibilities.
- C. Conferences and Scholarly Activities:
  - 1. Resident and Fellow Forum:
    - i. Once a quarter, a special-called meeting of all fellows and residents currently in graduate medical education training programs within the College will be held during Tuesday Academic Afternoon. This “Forum” is consistent with ACGME requirements to ensure the availability of an opportunity for fellows and residents within and across the Sponsoring Institution’s graduate medical education programs to communicate and exchange information with each other relevant to their programs and their learning and working environment. At the Forum:
      - a. Any fellow/resident must have the opportunity to raise a concern at the Forum;
      - b. Fellows/residents must have the option, at least in part, to conduct their Forum without the DIO, faculty members, or other administrators present; and
      - c. Fellows/residents must have the option to present concerns that arise from discussions at the Forum to the DIO and GMEC.
  - 2. Graduate Medical Education Committee (GMEC): Residents and Fellows are represented by peer-selected representatives on GMEC. These representatives have the responsibility to communicate with the DIO to 1) invite to a Forum meeting or 2) present the collective concerns or issues raised at the Forum that need the attention of the DIO and/or GMEC.
- D. Library and Learning Resources: The Health Sciences Library is located on the ground floor of the College of Community Health Sciences and is available to fellows 24 hours a day.
- E. Assessment

1. Overview:
  - i. Evaluation of the Fellow:
    - a. The Clinical Competency Committee (CCC) meets bi-annually to review the progress of the fellows. After the CCC has met, the Program Director meets with their fellows to review the findings of the CCC.
    - b. All fellows will have a recommendation from the CCC which may include suggested remediation and/or further disciplinary action.
    - c. Fellows evaluate the faculty and the program annually. This evaluation is discussed at the PEC meeting with the program director.
  - ii. Documenting Procedures:
    - a. All procedures done should be documented in New Innovations. This list is used to write an official letter documenting your competency in procedural areas to all future employers, hospitals, and/or insurance companies. Procedures to be documented are:
      - Vaginal Deliveries (forceps and vacuum)
      - Cesarean Sections (tubal ligation)
      - D&C (sharp, suction)
      - Circumcision
      - Postpartum Tubal Ligation
      - Ultrasound (dating, anatomy, BPP, limited)
      - Colposcopy (specify biopsy or ECC)
      - Nexplanon Insertions
      - Nexplanon Removal
      - IUD Insertion
      - IUD Removal
      - Hysterectomy Assists (open, robotic, other)
    - b. For all deliveries the following must be documented:
      - Role (primary or assistant)
      - Attending (Supervisor)
      - Date
      - Medical Record # (pt ID)
      - Hospital
      - Patient's Age
      - Gestational Age
      - Delivery Type
      - Birth Weight
      - APGARS

- Reason for Cesarean Section
- Operative Complications
- Pertinent PMH
- Post OP Infections
- Post OP Complications

## II. Clinical Practices

- A. General Supervision: The fellow must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. The fellow is responsible for communicating to the attending physician any significant issues regarding patient care.
- B. Communications
  - 1. Cell phone and Email: Professional behavior and responsibility is expected of all fellows. The program director, other faculty, and clinic personnel need to be able to reach you at any time, unless you are on approved leave. Our primary means of contact will be through your cell phone and/or email.
  - 2. Faculty-Fellow Communications/Feedback: Feedback is provided informally throughout the program. Biannually, the faculty will evaluate the fellow. This will be discussed at a meeting with the fellow, fellowship director, and OB Chair. Likewise, the fellows will be able to evaluate the program biannually. This will also be discussed at the meeting.
- C. Call: In-house call will be about 8 days per month. While there can be some flexibility in the schedule, it is the expectation that the fellow will work with each faculty member working L&D.
- D. Inpatient Clinical Duties: Notes at the hospital are required on all operative and labor patients.
- E. Outpatient Clinical Duties:
  - 1. Patient Panel: The fellow's patient panel in his/her continuity clinic is assigned for the duration of the fellowship. The initial panel is composed of patients from graduating fellows' panels, patients new to UMC, and patients on follow-up from local emergency departments. A fellow may add family members of his/her currently assigned patients to his/her panel at any time by notifying the office manager.
  - 2. University Medical Center (all locations):
    - i. Fellows should refer to [CCHS clinical policies](#) for most up-to-date and thorough listing of clinical policy. Should a clinical policy at the above link conflict with information herein, the policy as posted online will control.
    - ii. General Practices
      - a. Fellows will not care for or write prescriptions for their own family.

- b. CCHS Nursing and administrative staff may not be treated by a fellow.
  - c. Fellows are expected to be at his/her assigned clinic 15 minutes before the first patient scheduled appointment. If the fellow must be late for a scheduled clinic, he/she must notify telephone the clinic so that patients can be informed.
  - d. If the fellow must cancel a scheduled clinic, he/she must request the cancellation from the program director via email or in writing 60 days in advance. Same-day cancellations may only occur due to emergency situations, and must be done with a personal call to the clinics as well as the program director. All email correspondence should be copied to the Program Coordinator.
- iii. Release of Protected Health Information (PHI)
- a. General Expectations and the Electronic Medical Record: There is 24-hour availability of University Medical Center records by computer. Fellows are expected to comply with all UMC policies and procedures regarding the Electronic Medical Records System.
  - b. Faxing/Receiving Confidential Patient Medical Records:
    - Facsimile transmission of health information should occur only when the original record or mail-delivered copies will not meet the needs of immediate patient care. Health records should be transmitted via facsimile only when: (1) needed for patient care; or (2) required by a third party payer for ongoing certification of payment for a hospitalized patient. The information transmitted should be limited to that necessary to meet the requestor's needs. The Medical Records Department should make routine disclosure of information to insurance companies, attorneys, or other legitimate users through regular mail or fax. Except as required or permitted by law, a properly completed and signed authorization should be obtained prior to the release of patient information. An authorization transmitted via facsimile is acceptable. Consult the Medical Records Department to assist with all release of information requests. Any release of information should be charted in the patient's medical record on PHI.
    - Each fax machine should have someone monitoring incoming documents. This individual should remove incoming documents immediately, examine them to assure receipt of all pages in a legible format, and send them in accordance with their instructions. Faxed documents will be scanned into the EMR by the staff of the Medical Records department. All actions will be in accordance with HIPAA regulations:
      - ◆ Faxes should be sent/received using fax machines in a secure, limited area.



- ◆ Fax requests from unfamiliar sources should always be verified.
  - ◆ Highly sensitive health information will not be faxed.
  - ◆ Psychotherapy notes will never be faxed.
  - ◆ A printed confirmation record is used to confirm that the fax was delivered to the correct number.
- iv. Incomplete Charts
- a. Within the fellowship program, incomplete is defined as any clinic visit note or procedure note not completed within 72 -hours of the encounter.
  - b. Timely completion of patient records is good patient care. Fellows are required to complete chart documentation within 10 days of the encounter otherwise, they are subject to a financial penalty. See also the Chart Completion and Authentication Policy.
- v. Charges
- a. Patient Charges and Discounts: At UMC, professional physician charges are competitive with those of local physicians. Fellows should document the visit. Fellows shall be responsible for coordinating any questions or concerns on charges to patients. Specific policies are outlined below.
  - b. Identification of all Services at University Medical Center: Each patient who receives medical care at UMC should be billed in the computer. Fellows are encouraged to document at the time of the visit. In the event a special circumstance warrants a modification of this policy, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), and the Director of Billing and Compliance should be consulted.
  - c. Fee Adjustments: Fellows may offer professional courtesy adjustments only after consultation with the Director, Billing and Coding Compliance in the Business Office
  - d. Uninsured/Underinsured Policy: Indigent patients should be referred to the Social Worker at 348- 7195.
- vi. Other Clinical Procedures
- a. Medical Transportation: Patients who require transfer to DCH for emergency care or admission will be presented to an attending, and will not be transported to or from DCH without authorization from the attending. Notify the nursing staff in the clinic to call for transport. Patients are never allowed to be transported by an employee's private vehicle.

- b. **Transfer of Patients:** All patients who request a change in their assigned physician should be referred to the clinic director who will arrange the transfer. Changes should be made according to a random list of physicians in each suite. The old physician and new physician should be informed of the change and the circumstances surrounding it.
  
- c. **Dismissal of Patients:** UMC has a specific policy on the dismissal of a patient and all such dismissals must follow this policy. A fellow may request that a physician-patient relationship be ended. Fellows must get approval from an attending to terminate a patient. The attending must review the patient's chart carefully, ensuring compliance with the dismissal policy and that there are no omissions in the standard of care and that no indiscreet remarks have been made in the chart. The attending will then ask the clinic director and department chair to end the relationship. If the patient is being seen by a physician in another department, the attending must get termination approval from the other physician. The clinical director will request a form letter to be signed by the fellow and attending. A copy of the signed letter will be placed in the patient's chart. Terminations do not affect the patient's immediate family members, except in the case of outstanding bills.
  - If administration initiates a request for patient termination due to an outstanding bill, an attending will be asked to review the patient's chart, as above. The clinical director will then request a form letter to be signed by the fellow and attending.
  - A patient has 30 days from the date on the termination letter to find a new physician. If urgent medical care or prescription refills are needed during this time frame, the fellow on referred call must see the patient, if the patient so desires.
  
- vii. **Referrals:** When a patient is referred to another physician in or out of UMC, the fellow must complete a Referral Request Form and fax it to the consultant. The "Plan" section of the chart note should reflect why the patient is being referred. It is customary to refer primarily to physicians who are involved in the teaching of fellows.

### III. Administrative Practices

A. Licensure: Each fellow is required to have an Alabama Medical License.

#### B. Leave practices

1. If there is no properly prepared leave request with the approval signature of the Program Director or their designee, there is no leave.
2. Summary:
  - i. Leave requests must be submitted at least 60 days in advance. No leave requests will be considered if they are less than 30 days in advance unless extraordinary circumstances can be demonstrated. The Program Director must approve any exceptions. Cancellations of vacations must be made in writing.
  - ii. No one may take annual leave during the first two weeks of August OR the last two weeks of July.
  - iii. Administrative or Educational leave may be granted at the discretion of the Program Director to supplement the curriculum of the Fellowship.. No more than five days of educational or administrative leave will be granted.
  - iv. It is the responsibility of the fellow to notify the affected attendings, the Program Director, and the clinic to which he/she is assigned of his/her upcoming absence.
  - v. Cancellations and changes to approved leave must be made in writing
  - vi. Once a fellow has exhausted annual and sick leave, additional time off may be taken as leave without pay at Program Director's and Dean's Office discretion.
  - vii. Sick leave may only be used for illness of fellow or other family member as outlined below. Sick leave may not be used as annual time. Once sick leave is exhausted a fellow may use annual leave as sick leave.
  - viii. NOTE: At any given time between 8:00 am and 5:00 pm Monday through Friday, fellows should either be on rotation, in clinic, in academics, or have a properly prepared and approved leave request.
3. Vacation:
  - i. Each fellow is permitted two weeks (10 working days) of paid vacation per year, plus one week during Winter Holidays. 5 working days should be used in the first 6 months of the fellowship year and 5 working days in the last 6 months.
4. Sick Leave:
  - i. Fellows accrue sick days at one per month for a total of 12 days in the year. On the morning of an absence, the fellow must notify the Fellowship Director and the on call

- attending for L&D.
  - ii. Sick days may be requested in advance for physician appointments or scheduled medical procedures. Unexpected illness occasionally occurs. All days taken for sick must be claimed upon return to work. Any sick leave in excess of 72 hours must be accompanied a physician's statement and release to return to work.
  - iii. Sick leave is not an earned right, but a privilege, and should be taken only for reasons provided in this policy. Fellows may be required to provide documentation for absences.
  - iv. Eligible fellows may be granted sick leave when they:
    - a. Are unable to perform their duties because of personal illness or injury.
    - b. Must attend to the serious illness of relatives who reside in the immediate household.
    - c. Must attend to the serious illness of their parents (including current step-parents or legal guardians).
    - d. Must obtain health-related professional services that cannot be obtained after regular working hours.
  - v. When conditions within the work unit dictate the necessity, the supervisor may require a fellow to reschedule an appointment.
5. Educational Leave: A total of five days are available at the discretion of the fellowship director and must supplement the curriculum. These would include such activities as an OB Ultrasound Training Course or ALSO Instructor Course.
- C. Controlled Substance: Each fellow is required to have an Alabama Controlled Substance Certificate. The University pays this fee. The fellow is also required to have a Federal DEA Certificate in order to prescribe controlled drugs.
- D. Committees: Fellows will be assigned to committees of the College and DCH. Once appointed, it is expected that fellows will attend committee meetings and be active participants. After the training period ends, memberships on committees will be part of your normal work environment. Learning how to be an active participant and a contributor on committees is part of the training program and offers the fellow an opportunity to demonstrate professionalism. Fellows should expect their involvement on committees to be tracked and part of the routine discussions with their academic advisor. Fellows will serve on the fellowship Program Evaluation Committee.
- E. Mailing Address  
850 Peter Bryce Blvd.  
Tuscaloosa, AL 35401

Or

Box 870377  
Tuscaloosa, AL 35487

## Signatures

I hereby certify that I have received, read and reviewed the Sponsoring Institution policies and the University of Alabama Obstetrics Fellowship Handbook (which may be edited periodically by the University, CCHS and/or Program). I know these resources are maintained online and it is my responsibility to stay current via electronic access. I understand that I will be accountable for adhering to the policies and procedures both referenced and included herein and conducting my duties in the workplace in accordance with the information contained in this and other referenced policy manuals and/or handbooks.

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Printed Name and Signature

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Date