

**KAISER PERMANENTE/  
PROVIDENCE ST. VINCENT MEDICAL CENTER  
OBSTETRICS/GYNECOLOGY**

**RESIDENT HANDBOOK**

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**Frequently Used In-House Phone Numbers**  
(Outside prefix is 21)

<b>St. Vincent Hospital:</b> (503) 6-1234		<b>Kaiser:</b>	
Café West	6-7112 (call ahead to order)	Sunnyside	(503) 652-2880
Cafeteria	6-2371	Kaiser Lab	571-5750
Dictation	6-8888	KP GME	813-2620
Dictation Questions	5-6826	Westside Appt. Line	352-2421
Emergency Department	6-2361	SPU (Preop)	571-4513
Laurie Collins	6-2415	OR	571-4513
Fax:	6-4059	<b>Kaiser Permanente Clinics:</b>	
Library	6-2257	BVN:	643-7565
Medical Records	6-2251	EIN:	285-9321
NICU	6-7383	<b>Kaiser Perinatal Services:</b> 296-1500	
AM Sign-Out Room	67351	<b>KS OR Locker Room:</b>	
4W (Oncology)	63494	Women #159	
8W (GYN)	63894	Men #84	
8E (GYN)	63891		
9W (Gen. Surg)	63994		
9E (Gen. Surg)	63991		
L&D Central Station:	67347		
A	67391	<b>Kaiser M.D.: (In-House Pager)</b> 74-5780	
B	67394	<b>Kaiser CNM (pager)</b> 74-5874	
C	67397	<b>Kaiser Call Room</b> 60227 or 67362	
D	63394		
E	63391	<b>Resident In-house pager</b>	74-5436
		<b>OB Charge Nurse pager</b>	74-5776
PSVMC Out-pt. Pharmacy	62630		
Kaiser In-Pt. Pharmacy	61850		
Recovery Room (PACU)	62131		
Surgery Prep (Pre-Op)	61992		
<b><u>ST V MAIN OR LOCKER ROOM</u></b>			
Female Lockers	#274 (26-14-10)		
	#272 (17-27-37)		
Male Locker	#60 (47-07-49)		

**On the First Day of the Rotation:**

1. Orientation with Dr. Smith or Dr. Dantas – this will be arranged with you in advance.
2. Your pager and information concerning the use of the PSVMC Information Systems, and Physician Portal will be in your mailbox in the call room.
3. Stop by Medical Records (Lower Level, East Pavilion), and get a brief orientation and a small card with instructions for the dictating system. You will also be asked for your home address and a sample of your signature for identification in the medical record.
4. Introduce yourself to the paging operators in the Main Hospital Lobby and make sure they have your correct PSVMC and OHSU pager numbers. If there is a malfunction of the pagers, please notify the operators immediately and tell them how they may reach you.
5. **READ THIS HANDBOOK!**
6. If you have not already received your photo ID Badge, go to Security (near the ER Entrance) to get your photo identification badge (**ONLY ISSUED ON WEDNESDAYS & FRIDAYS FROM 0730 –1000 AND 1300 – 1530**). You will also need to get a pink security badge from the L & D Reception Area Desk in order to interact with newborns at St. Vincent.

**GENERAL INFORMATION**

The OB/GYN Residency Program is jointly sponsored by Providence St. Vincent Medical Center (PSVMC) and Kaiser Permanente (KP), and allows the residents a unique opportunity to work with both Obstetricians and Gynecologists on the Kaiser staff, as well as physicians in private practice at St. Vincent Hospital. With Kaiser's merger with St. Vincent in April 1996, PSVMC is the largest OB/GYN service in the region, with 5,000 or more deliveries annually. We believe this represents an excellent opportunity for graduate medical education. The preceptors from both staffs who are listed in this handout have agreed to actively involve and supervise residents in patient care and gynecologic surgery. The following OHSU residents are assigned to two-month rotations at PSVMC, during which time they will focus on the following clinical areas:

PGY-1	Low Risk Obstetrics
PGY-2	Gynecologic Surgery/OB Ultrasound
PGY-3	Gynecologic Surgery and GYN Oncology
PGY-4	Gynecologic Surgery, Administrative Resident

The residents are expected to be at PSVMC by 7:30 am, and, at least one of the three should be present until 6 pm when night call begins. Frequently this will be the PGY-1.

**Location of OB/GYN Patients**

Gynecologic patients, including surgery patients, are commonly on 8-West and 9-West. GYN Oncology patients may also be on 4W.

Labor and Delivery is on the 3rd floor of the West Pavilion. Board rounds occur at 7:30 am (7:45 Thursdays) and 6 pm every day. The Charge Nurse pager number is 74-5776. Morning sign out is in the lounge around the corner from central station in the north hall; evening sign out is in the Kaiser call room on the 3<sup>rd</sup> floor.

Pre-operative patients admitted the morning of surgery, and short-stay surgery patients are found on the 1st floor of the Main Hospital in the Short Stay Unit, their phone is Ext. 61993.

**Resident Call Room/Resident**

The resident mailboxes are located in this room. All personal mail forwarded from OHSU or KP, copies of dictations from Medical Records, call schedules, conference schedules, will be put in these mailboxes. It is the responsibility of the resident to check their mailboxes on a daily basis.

**Secure Access**

In order to gain access to secure areas, press zero followed by your five-digit dictation number followed by 'star'.  
Example 012345\*

**Pagers**

Each resident will be issued a long-range 7-digit pager from Laurie Collins' office for use while at PSVMC. The assigned numbers are as follows:

PGY-4	796-4670
PGY-3	796-4671
PGY-2	237-0765
PGY-1	In house pager 74-5436

The 4 digit in-house pager should be used by the PGY-1 during the day and by the on-call resident from 6 pm - 7:30 am, Monday - Friday, and from 6 pm Friday until 7:30 am Monday. It is wise to continue to wear your OHSU pager while at PSVMC, or program it to forward your calls to the PSVMC pager. The in-house pager may be accessed by calling (503) 216-0001, then dial 5436. **The pager needs to be given directly from the resident signing out to the incoming resident at change of shift.**

**Library**

The library is located on the lower level of the hospital and is open 8:30 a.m. to 5:00 p.m., Monday through Friday. After hours and on weekends, please contact security to obtain access to the library. Copying is free for residents, but you need to sign the logbook and note number of pages, etc. For evening and weekend use of the copy machine, there is a copier card at the switchboard. This card must be returned to the switchboard as no one else will be able to use the copier until the card is returned.

**Photo Identification Badges and Maternity Security Badge**

Please wear your St. Vincent photo ID badges at all times while working at PSVMC, and introduce yourselves to patients as an **OHSU resident**. Photo badges are issued on Wednesdays and Fridays from 0730 to 1000 and from 1300 to 1530 by Security, which is by the Emergency Room entrance. There is a charge if you lose your badge. After you have your St. Vincent Photo ID go to admitting on Labor and Delivery to get your security clearance badge for the maternity floor.

**Outpatient Pharmacy Privileges**

Kaiser's Outpatient Pharmacy is located on the first floor of the Mother Joseph Plaza. You are charged cost-plus 10%, but no less than the minimum pharmacy fee of \$5.00 for processing. Over-the-counter (OTC) drugs are at retail. To receive this privilege you must be wearing your OHSU badge. This privilege is only allowed during your rotation at PSVMC.

**PSVMC OB-GYN RESIDENT NIGHT AND WEEK-END CALL RESPONSIBILITIES**

The four residents assigned to PSVMC participate in night and weekend call. Night call is from 6 p.m. to 7:30 am. The on-call resident must be available via in-house pager #74-5436 during these hours. The on-call resident is to hand the pager directly to the incoming resident at change of shift; the pager is not to be left unattended. On Saturday and Sunday postpartum and gynecology postop rounds will be done by the incoming and outgoing residents. The senior resident will do GYN rounds and the junior resident postpartum rounds. The R-1 never does GYN rounds.

**Resident Call Policies** - Resident call is assigned as follows:

Saturday day	R-1, night R3/4 alternate		
Sunday day	OHSU REI R-1		
Sunday night	R2 (Fam Plan OHSU)	Wednesday night	R2
Monday night	R3	Thursday night	R4
Tuesday night	R1	Friday night	STV R2/OHSU Fam Plan R2 alternate

The R4 will submit the call schedule to Stella Dantas ([maddogcoutu@yahoo.com](mailto:maddogcoutu@yahoo.com)), Anne Nelson ([Anne.L.Nelson@kp.org](mailto:Anne.L.Nelson@kp.org)) and Laurie Collins ([Laurie.Collins@providence.org](mailto:Laurie.Collins@providence.org)) at least 6 weeks prior to the beginning of the rotation.

Any weekday in which the Main OR has cancelled routine block time cases is to be considered a holiday. The resident on-call that day is on from 7:30 a.m. to 7:30 a.m. the following day. These include: New Years Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving and Christmas.

**Resident Vacation Policy**

Vacations are coordinated and approved by the OHSU Department of OB/GYN, Kaiser GME Department and the PSVMC Assistant Residency Director at the beginning of the academic year. The OHSU Department of OB/GYN and the PSVMC Assistant Residency Director must approve other vacation requests. Once a request is approved, the KP GME Department must also be informed. Any changes in vacation dates must be made 2 months before the beginning of the rotation. No more than 13 weeks of vacation/education leave will be granted in 2009-10.

If a resident is invited to give a presentation at an educational meeting during their St. Vincent rotation, this will be allowed. No more than one of the four residents on rotation at St. Vincent may be on leave at one time. Residents may take vacation/education leave in July at St. Vincent. If two residents have back-to-back vacations, they will need to arrange between them to participate in night call on the jointly shared weekend between their vacation weeks.

The STV R-1 will cover the vacationing STV R-2, R-3 and R-4 night call shifts from Monday thru Thursday.

The GSH R-2 will cover Tuesday night call shift when the STV R-1 is on vacation.

When the STV R-3 is on vacation, the gyn oncology cases on Mondays and Thursdays will be covered by the OHSU Jeopardy or Flex R-3.

**HOLIDAY CALL COVERAGE****For Monday Holidays (Memorial Day / Labor Day):**

Day Shift STV R-1; night shift STV R-3

This is also the case on Presidents' Day and MLK Birthday as these are not taken as holidays at STV and the hospital and clinics are on normal schedule.

**July 4<sup>th</sup>:**

Day shift R-1; night shift is determined by the day of the week as per usual call. When July 4<sup>th</sup> is on a Sunday the day shift is covered by the OHSU REI R-1

**Thanksgiving:**

Wednesday night call: STV R-3

Thanksgiving Thursday day and night call: STV R-4

Friday day and night call: STV R-1

**HOLIDAY CALL COVERAGE (Continued)**

Saturday day and night: STV R-2

Sunday day and night call: OHSU Family Planning R-2

**Christmas / New Years:**

Wednesdays: STV R-2 rounds in the morning on GYN patients and is on pager call for those GYN and Resident Clinic patients until 6 p.m. when they are on in-house call for the night shift.

Saturday: Day shift on Christmas: STV R-1 as well as day shift on the following Sunday

Day Shift New Years: OHSU REI R-1

Night shift alternates between STV R-3 and STV R-4

Sunday: Day shift on Christmas: STV R-1 and day shift on following Sunday

Saturday (XMAS eve) day Shift: OHSU REI R-1 and New Years Day Day shift

Night Shift: OHSU Family Planning R-2

Monday, Tuesday, Thursday and Friday Christmas Day shift: STV R-1

New Years Day Shift: OHSU REI R-1

Night shift: per usual call schedule

**Cafeteria/Meal Privileges**

Your photo ID is pre-loaded with funds to cover meals during at your rotation. **Your badge has been loaded with a preset amount and will last through your whole rotation. Please monitor these funds closely because when you run out, you will not be given additional funds. The balance remaining will print out on the bottom of your receipts.** These funds can be used anytime at any hospital restaurant. The Eatery hours are 6:30 a.m. to 8:00 p.m. and 12 a.m. to 4:30 a.m. Café West is open from 6 a.m. to midnight Monday thru Friday and 7:30 a.m. to Noon on weekends.

**Educational Conferences**

Occur from 7-7:45 a.m. on Thursdays in Conference Room 12, lower level, Main Hospital. A list of the conferences will be given to you at the beginning of the rotation. There is no conference on the 2<sup>nd</sup> Thursday of each month.

During the rotation, residents will present a conference to the PSVMC Department of OB/GYN. Dr. Pierre Pham, Chairperson of the OB/GYN Department Quality Assurance Committee, and Dr. Dantas are both available to consult with you regarding the preparation of this conference. The PGY-4 may choose a topic of their choice. The PGY-3 will present a urogynecology or GYN oncology topic. The PGY-2 will prepare the GYN case review in conjunction with Dr. Pierre Pham, Head of St. Vincent OB/GYN Quality Assurance Committee. The PGY-1 will present the OB Case Review again in conjunction with Dr. Pham.

Please call Laurie Collins at 503-216-4050 as soon as you have a title for your conference. Please also call the audiovisual department at 503-216-2220 a few days before to discuss your AV plans.

**Other Conferences**

The residents will attend Neonatal/Perinatal Conference on the 4<sup>th</sup> Thursday of each month, also in Conf. Room 12.

**Appearance**

The residents are to be professionally dressed with clean white coats, and to avoid informal attire such as jeans, and T-shirts when interacting with patients. Shirts and ties are appropriate for male residents. There should be no blood anywhere on the attire. Residents/students who rotate thru St. Vincent Hospital are held to the same standards as employees. **NO PIERCED FACIAL JEWELRY OTHER THAN EARRINGS ARE ALLOWED.**

**Appearance (Continued)**

Simple conservative fashion adornments or accessories:

**Acceptable Examples:**

2 or fewer earrings per ear.  
2 or less rings per finger.  
2 or fewer rings per hand excluding wedding sets.  
Covered tattoos

**Unacceptable Examples:**

More than 2 earrings per ear  
Visible body piercing other than earrings  
Rings on every finger.  
Visible offensive tattoos

Residents need to introduce themselves as Dr. \_\_\_\_\_; a resident physician working with Dr. \_\_\_\_\_. Additionally, residents need to wear their St. Vincent Photo ID badges at all times while at Providence St. Vincent Medical Center as well as their pink St. Vincent security badge.

**Resident Evaluations:**

It is expected that the preceptors will evaluate the residents performance during their rotation. These evaluations are sent out at the end of the rotation, are collected anonymously, collated and typed, signed by Dr. Smith and sent to OHSU to become part of each residents permanent file.

At the end of each rotation, the residents also have the opportunity to evaluate their experiences with each of the preceptors. These comments are also collated anonymously and sent individually to each preceptor in the fall of each year.

**Plan to protect Friday conference for the R4's (and for any resident taking Friday night call):**

The R4 is expected to go to the 8<sup>th</sup> floor to do their GYN rounds at 0600 am on Friday mornings. All triage calls, labor rounds etc will be covered by the 74-5780 beeper at this time. The resident will hold onto the 74-5436 beeper during this time in case of emergency. The R4 will then sign-out to the LN MD at 0700 and give the 5436 beeper to them and at that time leave for OHSU.

There may be times when the R4 needs to start GYN rounds earlier than 0600 – like when there is a high census. You are to the MD know when those times are. Please prep your charts the night before to make rounding more efficient the next am (i.e. fill out the discharge paperwork etc).

**All residents please note below:**

**JCAHO standards** are listed - thank you for your attention to them.

1-TRIAGE: Slides for ferning: Collect, examine under the scope and discard. Any slide that is "sitting" to allow another person (or to dry and review at a later time?) examine it **MUST** be labeled you may use a labeled urine cup to accomplish this). Triage urine specimens will be treated similarly by the RNs.

2 - Hand washing: We are to be using soap and water or hand sanitizer before and after each patient contact.

3 - Date and time all notes and orders.

4 - Spell out magnesium and daily (not "QD").

5 - Need a PARQ note at any time there is a BLOOD TRANSFUSION. If you think your patient may need blood later in that day, you should document your discussion with her in your rounding note in the AM to cover this in the event it's needed by the end of the day. There is a form for this as well available on all the postpartum units.

6 - Sign the signature form at the beginning of any chart on which you write a note.

7 - Please sign the "Medication Reconciliation" form at the beginning of the chart. Efforts are underway to improve this form in accuracy and function.

8 - Any time a medication (like lidocaine or even mineral oil) is dispensed onto the delivery table, we need to label it with a sterile label (already on the table).

9 - All wet preps/KOH slides must be sent to the lab. They are not to be performed on Labor & Delivery.

### **St. Vincent Private Practice Preceptors**

There is a group of private OB/GYN doctors who are also resident preceptors and who are listed in the resident handout and in your call room. You are only permitted to work with Kaiser attendings/CNM's and individuals on this preceptor list.

The preceptor must contact you directly, not through the RN and must be on the St. Vincent campus, either in an office or in the hospital.

You may be called to the ER to help admit a preceptor's patient without the preceptor being present but you may not perform any procedures or discharge a patient from the ER without the preceptor (not the ER doctor) in attendance.

### **Duty Hours and Rounding Responsibilities**

On Mondays, Tuesdays, Thursdays and Saturdays the intern comes in at 6-6:30 a.m. to begin postpartum rounds on patients who will be going home that morning and those whom you have delivered. You will need to call the R-2 on Friday and Sunday to get an updated list of appropriate patients for you to see Monday morning. Have your notes written and be prepared to discuss those patients whom you have seen at morning sign-out. Similarly on post-call mornings (Wednesday and Sunday) if it is not busy on L&D you should start postpartum rounds around 6 am and review what you have done with the outgoing LN Kaiser M.D. at 7:15; you are not to go to morning sign out and we expect you to leave promptly at 7:30 am after handing your pager to the incoming on-call resident.

In the evenings on days you are not on call (Mondays, Thursdays, Fridays and Saturdays) you should go over the patients you have been following with the LD M.D. at 5:45 p.m. and leave promptly after handing off your pager to the incoming on-call resident at 6 p.m. Do not stay for evening sign-out. There may be a rare situation in which you are completing a surgical procedure, which may require you to stay past 6 p.m. but this should be infrequent.

For the sign-out rounds you are to attend, please be on time - they start promptly at 7:30 a.m. (7:45 a.m. after conference on Thursdays) in the North Hallway Nurses Lounge and at 6 p.m. in the Kaiser Call Room between Central Station and Station C. Please be on time because tardiness is very disruptive to the team. After report, the M.D., CNM and resident will discuss and divide up the patients as appropriate. Upper level residents will be given more autonomy over management issues due to their increased clinical experience.

### Job Description - PGY-1 OB/GYN Low Risk Obstetrics - PSVMC

1. The PGY-1 will be actively involved with Kaiser obstetrical patients, and those private patients selected by the private practice preceptors (listed elsewhere) who present to Labor & Delivery at Providence St. Vincent Medical Center.
2. **Weekly Schedule:**

Monday	6 a.m.	Postpartum Rounds
	7:30 am	Sign -out rounds
	8 am - 6 pm	STV L&D (no pm sign-out rounds)
	~ 11:30 am	Core Curriculum, Dr. Smith, Café West
Tuesday	6 a.m.	Postpartum Rounds
	7:30 am	Sign out rounds
	8 am – 6 pm	STV L&D
	11 am	Core Curriculum, Stella Dantas, Café West – or on designated call days
	6 pm	Sign out rounds
6:30 pm – 7:30 am	STV Night call	
Wednesday	6-7:30 am	Postpartum Rounds (before sign-out rounds) Off at 7:30 am (no AM sign out rounds)
Thursdays	6 am	Postpartum Rounds
	7-7:45 am	PSVMC OB Educational Conference (not 2nd Thursday each month)
	7:45 am	Sign-out rounds
	8-6 pm	STV L&D (no sign-out rounds)
Friday	7:30-8:30 am	OHSU Grand Rounds (not in July and August)
	8:30-10:30 am	OHSU OB/GYN Resident Education Conferences
	1-5 pm	Continuity Clinic OHSU
Saturday	6 am	Postpartum Rounds
	7:30 am	Sign-out rounds
	8am-6 pm	STV L&D (no p.m. sign-out rounds)
Sunday	OFF	
3. Assigned readings for noon conferences with Dr. Smith and Dr. Dantas are in a notebook in the residents' call room and are to be completed prior to the conference. Please be sure the medical student also has downloaded and done the reading available on the OHSU website: [http://www.ohsu.edu/academic/som/obgyn/programs/residency/Program/Reading\\_STV.htm](http://www.ohsu.edu/academic/som/obgyn/programs/residency/Program/Reading_STV.htm)
4. Work with Dr. Pierre Pham, PSVMC OB/GYN QA Chairman, to present a literature review of Obstetrical topics at PSVMC M&M.
5. Develop management plans with KP Perinatologist for KP outpatients requiring admission for labor induction from NST area; participate in the labor management and delivery of these patients.
6. Participate in night call as described elsewhere.
7. Carry your OHSU and St. Vincent pagers when on-call and when working in hospital.
8. When asked, participate in the evaluation of preceptors' patients presenting to St. Vincent ER in conjunction with the preceptor.
9. Teach and supervise medical students rotating on L & D.
10. Participate in the evaluation and management of Resident Clinic patients presenting to the St. Vincent ER, with supervision from the on-call NW Oncology M.D.

### **Kaiser L&D Team**

Each day you are on L&D there will be an LD attending who is responsible for managing the labor patients, triage and helping with postpartum rounds and circumcisions. There will also be a CNM on some shifts who you will be working with on low risk OB patients. There will also be an L2 attending who is responsible for managing the high-risk service, GYN rounds and ER calls and for helping with postpartum rounds and circumcisions. These attendings work together and their roles may overlap. However, you will usually work more closely with the LD attending and CNM. Medical Students from OHSU will also work as part of the team with you. Monday, Tuesday, Thursday and Saturday day shifts.

### **R-1 Job Description on L&D**

You will be the first call/contact physician for any triage patients. We want you to take ownership of these patients. They are YOUR patients. Examine them and try to formulate a plan for each one before discussing the case with the attending/CNM. This will enhance your learning experience. **HOWEVER, ALWAYS FEEL FREE TO CALL THE ATTENDING/CNM WITH QUESTIONS EVEN BEFORE YOU SEE A PATIENT.** For example, you may not know what to do if there is a preterm patient in triage so ask! For every patient less than 37 weeks pregnant, please call the LD attending/CNM to discuss the case before seeing the patient.

When a patient is in triage, the RN's will contact you first. You are then responsible for contacting the CNM for patients >36 weeks and the M.D. for patients < 36 weeks. At the beginning of each shift, the M.D. and CNM should let you know if they want to be called before you evaluate any patient or if you can go and assess the patient first and then call the M.D./CNM. The attending/CNM expects you to assess the patient first whenever possible so that you may try to develop an assessment and plan.

- If you are following a CNM eligible patient then the CNM will follow the patient with you. You should then call the CNM with any issues regarding that patient's labor and will staff the delivery with the CNM.
- If you are following a patient with the M.D., then the M.D. will follow the patient with you. You should then call the M.D. with any issues regarding that patient's labor and will staff the deliver with the M.D.

**REMEMBER ALL YOUR NOTES NEED TO BE COSIGNED BY THE M.D./CNM**

PRESENT EVERY PATIENT YOU SEE TO AN ATTENDING/CNM. Make sure you have discussed each case with an attending and documented this in your note before any patient is discharged from triage. The attending/CNM must sign the note before the chart leaves the floor.

Your responsibilities on this rotation are to:

1. Evaluate/admit all triage patients.
2. Actively follow all labor patients – round on them every 2hours and write notes updating progress; communicate freely with the appropriate RN's involved.
3. Cover the postpartum floor.
4. Round on postpartum patients and round on all patients you have delivered.
5. Participate in circumcisions.
6. Assist in-house private preceptors on c-sections and ER admissions when asked.

**PROVIDENCE ST. VINCENT MEDICAL CENTER  
OB-GYN ROATION PGY-1 (Pager 74-5436)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:00 a.m.	Postpartum Rounds	Postpartum Rounds	Postpartum Rounds	Postpartum Rounds	
7:30 a.m.	OB Sign-out Rounds (North Hall Nurses' Lounge)	OB Sign-out Rounds (North Hall Nurses' Lounge)	Off	7-7:45 am OB Education Conf. (not held 2 <sup>nd</sup> Thurs.) Conf. Room #12, LL, Main Hospital	7:30 a.m. Grand Rounds/OHSU **
8 a.m. – 6 p.m.	Labor & Delivery St. V.  11:30 am Core Curriculum (Dr. Smith)	Labor & Delivery St. V.	Off	Labor & Delivery St. V.	8:30-10:30 am OHSU Resident Education Conf. 12:30 p.m. Labor & Delivery – St. Vincent
6 p.m.	OFF	<b>NIGHT CALL</b>	OFF	OFF	<b>OFF</b>

\*\*Not held July/August

Saturday  
6 am Postpartum Rounds  
7:30 am OB Sign-out  
8 am – 6 p.m. STV L&D

Sunday  
OFF 7:30 am – 6:00 pm STV L&D OHSU REIR-1

## **Job Description – PGY2, PGY 3, PGY 4 - Surgical Rotation**

### **PGY-4**

1. PGY-4 will act as the administrative resident for the St. Vincent OB/GYN Integrated Residency Program.

Duties will include:

- a) Assign out of block preceptors surgical cases, taking into account such factors as preceptors request for resident continuity, matching difficulty of surgery with residents level of training, and providing surgical assistance to those preceptors who do not have another readily available assistant. It is understood that out of block preceptor cases may not always have a resident surgeon.
- b) Work in conjunction with the Assistant Director to resolve scheduling and/or interpersonal conflicts among residents, or residents and preceptors.
- c) Provide the night and weekend call schedule for rotation at least 6 weeks before the beginning of the rotation. The schedule must comply with published call and vacation guidelines. **PLEASE SEND CALL SCHEDULE TO** Laurie Collins at St. Vincent Hospital, Anne Nelson, Dr. Virginia Smith and Dr. Stella Dantas at Kaiser.

### **PGY-2**

The R-2 will assist Dr. Fabio Cappuccini in surgery on Tuesdays 8 AM – 6 PM at Kaiser Sunnyside Hospital, 10180 SE Sunnyside Rd, Clackamas, OR 97015

The goals and objectives of this experience are to enhance skills in both benign and malignant gynecologic surgery, and postoperative care. The resident will continue to develop technical proficiency in basic and complicated gynecologic and gynecologic oncology surgery, postoperative evaluation, and management of complications by assisting Dr. Cappuccini in his surgical cases and by rounding with him on his postoperative patients.

Contact information:

Dr. Cappuccini

Pager 503-237-0265

Cell 503-310-2801

Dr Cappuccini's support staff

Sue Boley RN and Naomi Goodrick, RN 503-571-3730

Sue and Naomi will email the R-2 the weekly Tuesday KS OR cases, using the R-2's OHSU email addresses. The patients' H+P's and other chart information will be reviewed in Health Connect by the resident BEFORE the case. This can be done either at STV or at OHSU. Other than scheduled vacations, the R-2 will be expected to be present as the assistant for Dr. Cappuccini each Tuesday. They are expected to dictate the operative notes on all cases on which they have scrubbed.

Kaiser Access Identification and meal card badges will be in a large envelope in the STV Resident call room on the whiteboard prior to the first Tuesday of the R-2 rotation. The Kaiser Access Identification Badge MUST be worn at all times while on the KS campus.

These badges need to be returned to the same envelope after the last Tuesday the R-2 is at KS in order to have them available for the next R-2 to use.

On the back of the Kaiser Access Badge will be the OR locker combinations for the resident to use. The Women's locker # is 159 and the men's is #84.

For any questions or concerns please call Anne Nelson at 503-813-2616 -Anne.L.Nelson@kp.org

**PGY-2, 3 and 4**

1. Attend scheduled conferences as listed below:
  - a) PSVMC OB Educational Conference 7 a.m. Thursday, (See conference schedule for location) NOT held 2nd Thursday each month. (reduced schedule July and August)
  - b) Grand Rounds, OHSU 7:30 a.m. Fridays
  - c) OHSU Continuity Clinics
2. Participate in preceptors' gynecologic surgical cases according to OR block assignments. Assigned OR blocks are to be covered by the resident at all times, unless resident is on vacation. If there are no cases scheduled in an OR block assigned to you, you may arrange to scrub with another preceptor. The GSH R2 covers the St. Vincent R-3 OR assignments when s/he is on vacation.
3. PGY-2 to participate in GYN Case Review Conference in conjunction with Dr. Pierre Pham. PGY-3 presents a gynecology or urogynecology conference, and PGY-4 present a conference of his/her choosing.
4. Round on the following patients: (Monday thru Friday)
  - a) Hospitalized GYN or GYN oncology patients of the Kaiser or St. Vincent preceptors in whom the preceptor has requested that the residents participate in their hospital management.
  - b) Patients in whose surgeries you have participated.
  - c) Complicated obstetrical patients you are involved with on-call.
  - d) Participate in weekend GYN rounds. Saturday & Sunday rounds are to be done by the on call R2, 3, 4 upper level residents.
  - e) Dictate all discharge summaries on patients assigned to you to round on over the weekend at the time of their discharge unless it has already been done by another resident or staff. Discharge summaries may be dictated within 24 hours of the patient's discharge.
5. Weekend Rounding:
 

Friday: If you have a post-op patient who has a good probability of going home Saturday, fill out as much of the discharge patient instructions as possible on Friday. Give sign-out to your rounding residents for the weekend.

The R4 is expected to go to the 8<sup>th</sup> floor to do their GYN rounds at 0600 am on Friday mornings. All triage calls, labor rounds etc will be covered by the 74-5780 pager at this time. The resident will hold onto the 74-5436 pager during this time in case of emergency. The R4 will then sign-out to the LN M.D. at 0700 and give the 74-5436 pager to them and at that time leave for OHSU.

There may be times when the R4 needs to start GYN rounds earlier than 0600, like when there is a high census. You are to let the M.D. know when those times are. Please prep your charts the night before to make rounding more efficient the next morning (i.e., fill out the discharge paperwork, etc.)

Saturday: The post-call R-2 will be rounding on GYN patients. She will hand over the pager to the incoming R1 just before sign-out at 7:30 a.m. The R-1 comes in at 6 a.m. to begin postpartum rounds; the R-1 doesn't take the pager or begin work on L&D until 7:30 am.

The outgoing R-2 needs to round on 1) Jana's patients, 2) quick visit to those lined up by your fellow residents, 3) other private and Kaiser post-op patients before going home. This may require them to stay beyond 7:30 am, which is allowed by RRC. The R-1 is not to be involved in post-op Saturday morning GYN rounds.

Sunday: The R-3/4 can be up early doing rounds if it is quiet on L&D and will need to finish GYN rounds. They will not go to morning sign-out. The incoming R1 goes to morning sign-out at 7:30 a.m. The outgoing R-3/4 goes home after GYN rounds are done.

Monday: The R-1 comes in at 6 a.m. to see postpartum patients with whom she is familiar and who are going home. They take the pager from the outgoing resident just prior to sign out at 7:30 a.m., not before

6. Have both Oregon Health Sciences University and St. Vincent pagers on during weekdays and when on weekend night call.
7. When asked, participate in the evaluation of preceptors' patients presenting to Providence St. Vincent Medical Center ER, in conjunction with the preceptor.
8. Supervise and instruct OHSU medical students rotating on Labor & Delivery at St. Vincent.

**PROVIDENCE ST. VINCENT MEDICAL CENTER  
OB-GYN ROTATION PGY-2 (pager 237-0765)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 a.m.				7:00 a.m.* OB/GYN Educational Conf.	
7:30 a.m.	OB Ultrasound NW Perinatal	GYN Onc Surgery Dr. Cappucini Sunnyside	OR, Tseng/Gosewehr/ McCluskey	OFF	7:30 am Grand Rounds and Teaching Conferences/OHSU
12 noon – 5 p.m.	Resident Clinic	↓	↓		Continuity Clinic
6 p.m. – 7:30 a.m.	Off	OFF	Night Call	OFF	L&D Call (alternate with Fam Plan R-2)

\*Not held July/August

	<b>Saturday</b>	<b>Sunday</b>
7:30 a.m. – 6:00 p.m.	OFF	OFF
6 :00 p.m. - 7:30 a.m.	OFF	OFF (L&D Call Fam Plan R-2)

**PROVIDENCE ST. VINCENT MEDICAL CENTER SURGERY ROTATION  
PGY 3-4**

Pagers: PGY4 796-4670  
PGY3 796-4671

	Monday		Tuesday		Wednesday		Thursday		Friday	
	PGY-3	PGY-4	PGY-3	PGY-4	PGY-3	PGY-4	PGY-3	PGY-4	PGY-3	PGY-4
7:00 am							7-7:45 am PSVMC OB-GYN Educational Conf. (not held 2nd Thursday of each month)			
7:30 am – 12:30 pm	OR/ Reddoch	OR/ Otto	OFF	OR/WHA (Womens Healthcare Assoc.)	WHA	OR Tseng/ Gosewehr	8:30 am Reddoch	Admin Time St V	7:30 am Grand Rounds/OHSU**  8:30 am OHSU Resident Educational Conf.	
12:30 – 4:30 pm	OR/ Reddoch	St. V Resident Clinic	OFF	OR/WHA (Womens Healthcare Assoc.)	WHA	OR Tseng/ Gosewehr	Breast Clinic/ Ulloth	OHSU Continuity Clinic	OHSU Continuity Clinic	OFF
6:00 p.m.	L&D Night Call	OFF	OFF	OFF	OFF	OFF	OFF	L&D Night Call	OFF	OFF

\*\* Not held July/August

	SATURDAY		SUNDAY	
	R-3	R-4	R-3	R-4
7:30 a.m. – 6:00 pm	OFF	OFF	OFF	OFF
6:00 p.m. – 7:30 a.m.	L&D Call (alt with R-4)	L&D Call (alt with R-3)	OFF	OFF

**WORKING WITH GYN PRECEPTOR (PGY-2, PGY-3, PGY-4) IN SURGERY**

One of the concepts behind the way this rotation is organized is to maximize the continuity of interactions between preceptors and the residents. Please remember that a positive attitude, an appropriate level of enthusiasm, and a professional appearance will be helpful in maximizing your teaching and surgical experience.

Each resident will always cover the same preceptor's surgical blocks (see attached surgical schedule). Each resident is expected to round daily on the patients in whose surgeries the resident was actively involved (50% or more of the surgery done by the resident). They are to dictate operative notes and discharge summaries on these same patients, if the preceptor wishes. If a preceptor admits a non-surgical GYN patient, she/he may wish to involve the residents in that patient's hospital care. The preceptor will contact the PGY-4 who will assign a resident to work up and actively participate in the care of the patient during the hospitalization.

Most preceptors want the residents to be actively involved in the entire post-operative course of the surgical patients, and will have the residents sign out their patients each night to the on-call resident. Dr. Jana Reddoch, one of the GYN oncologists, is particularly interested in having her patients followed very closely by the residents and will discuss her expectations with you for the patients on her service. If you are unsure as to whether the preceptor plans to take his or her own calls at night on a particular patient, please ask the preceptor. If a given preceptor wishes to have the nursing staff contact the on call residents initially (rather than calling the preceptor) for problems concerning their patients at night or on weekends, then the preceptor, or the resident, will write an order to this effect.

During the day the nursing staff will continue to contact the preceptors for patient problems due to the fact that resident availability is very limited.

Preceptors who do not have block time, or preceptors with add-on cases which are out of their blocks, may contact the PGY-4 to inquire as to the availability of a resident to assist on a case. The expectation is that the resident would be allowed to actively participate in the surgery. The preceptors are well aware that the residents are primarily responsible for covering the assigned OR blocks, and so they may not be available for these out-of-block cases.

If there are no major GYN cases to cover, the residents may participate in minor GYN cases. Please call the preceptor ahead of time to notify him/her of your interest in a particular case. The residents are not to participate in any surgical procedure involving non-preceptors.

You may not go to another hospital to operate unless it has been pre-approved by Dr. Smith or Dantas.

Stay involved in the care of complex obstetrical patients you interact with on night call, such as complicated vaginal deliveries, i.e., patients with medical complications, extensive repairs, difficult Cesareans, babies admitted to NICU.

### **PROVIDENCE ST VINCENT GYN RESIDENT CLINIC**

The St. Vincent Hospital GYN Resident Clinic is located at 9340 SW Barnes Road, Suite #102 (phone number (503-216-1130; FAX 503-216-2814). It will be staffed by the R-2 and R-4 rotating at St. Vincent Hospital with attending physicians Drs. Paul Tseng, Jim Gosewehr and their physician associates. The hours are 1-5 p.m. each Monday. Patients with gynecologic conditions may be referred to the clinic by private practitioners. Surgeries generated from the clinic will be done by the R-4, R-2 with Dr. Tseng and/or his physician associates.

Resident Clinic patient calls will be triaged during the day by the resident clinic support staff. They will then contact the appropriate on-call resident who will then staff the patient with Dr. Tseng or his physician associate. The R-2 (pager 503-237-0765) will take calls and will be expected to manage clinic patient issues during the course of their day. At night the on call resident (pager 503-216-0001 pager 5436) will receive calls from resident clinic patients and will assess currently established resident clinic patients presenting to the Emergency Department with issues referable to their gynecologic problems for which they are currently being seen in the resident clinic. On Thursdays when the R-2 is post-call and not at St. Vincent, resident clinic patient issues will be triaged by the R-4 (pager 503-796-4670) during the day. When the R-2 is on vacation, the R-4 covers Resident Clinic calls.

### **LATE OPERATING ROOM COVERAGE - Wednesdays**

On Wednesdays, both the R-2 and R-4 operate with NW Oncology doing both their private cases as well as surgeries from the Residency Clinic. Occasionally there are 2 rooms running in the morning, each covered by one of the residents. In the afternoon there is one room, which on occasion, may run past 6 p.m. with either private or resident cases.

In the event that the room runs past 6 p.m. with a resident case, then both the R-2 and R-4 will be scrubbed. It will be the residents' responsibility to notify the Kaiser LD M.D. by 5 p.m. that the R-2 will be delayed in surgery and to give an idea of when the R-2 will be available to begin their shift on L&D (which starts at 6 p.m.).

If the room runs past 6 p.m. with a private case then the R-4 should scrub on that case so that the R-2 will be available to begin their 6 p.m. shift on L&D.

This means that the R-4 will need to be in touch with the NW Oncology scheduler early each week in order to make appropriate arrangements for potentially late-running room.

This optimizes the amount of surgical experience the residents have with these excellent preceptors and should not exceed R-4 duty hours as the R-4 has Thursday mornings free. It also assures that the residents are participating in the clinical opportunities that they are committed to with all preceptors.

**ER COVERAGE**

All the residents on rotation at St. Vincent may be asked by a preceptor, either directly or via the St. Vincent ER physician, to come evaluate a preceptor's patient who presents to the ER. During the day, Monday thru Thursday, this should be directed to the PGY-3 and 4 for GYN patients. At night and on weekends, these calls will be taken by the resident on call. The resident is expected to evaluate the patient, then contact the attending. Patients are not to be discharged from the ER by a resident. Patient discharge from the ER needs to be done by either the St. Vincent ER physician or by the preceptor and not by the resident. The preceptors are aware that there is no resident available Fridays from 7:30 a.m. to 6:00 p.m. The resident is expected to stay actively involved in the hospital course of any patient they admit through the ER. The resident's role is frequently to expedite admission by dictating an H&P and writing orders after consultation with the attending. The attending is required to see a patient admitted to their service within 24 hours. In the rare situation where the resident is imminently needed in Labor & Delivery at the same time they are called to the ER for an emergency, the KP preceptor and the private preceptor will need to work out between them where the resident is to be, and whose back up is more imminently available.

The on call resident is responsible for seeing all St. Vincent Resident Clinic patients who present to the ER or call. The on call resident will staff these patients with the M.D. on call for NW Oncology.

**Obstetrics:**

1. The resident will work primarily with Kaiser patients, and be supervised by the Kaiser LN (Labor Night) M.D. and work in conjunction with Kaiser CNM's when they are on call. The resident will be called first for all triage patients. Those over 36 weeks may be co-managed with the resident and CNM commensurate with the residents level of training. The resident may be involved with the antepartum management of hospitalized antepartum patients, participate in labor management and delivery of laboring patients, and assess pregnant women presenting with acute problems. The Kaiser physician will take an active role in providing clinical instruction appropriate to the resident's level of training, and will make an effort to maximize the resident's learning experience, taking into account time constraints and the particular patients on the service. At night a CNM is part of the Kaiser and will be involved with the resident in the management of patients more than 36 weeks gestation.
2. As time allows, the residents may be involved in the care of St. Vincent preceptors' private OB patients if the preceptor is present in the hospital. The resident will not be able to "stand-by" for deliveries for preceptors on their way to the hospital. Services such as rupturing membranes, evaluating EFM strips, etc. may only be provided by a resident for preceptors who are on the premises and immediately available. Preceptors will contact the resident directly. Nursing staff is not to involve residents in the care of preceptors' patients.
3. All outpatient obstetrical patient encounters must be supervised and co-signed by the appropriate preceptor.
4. The St. Vincent preceptors may page the resident (Beeper #5436) to inquire as to their availability. If this system becomes cumbersome for the preceptors and/or residents, then an alternate system may be substituted. If the resident is uncertain about his/her availability, this should be resolved with the assistance of the supervising Kaiser MD. The supervising Kaiser MD may need to speak directly to the other preceptor.
5. The resident will not be involved in the care of non-preceptor patients. If a preceptor has a non-preceptor covering his/her practice on a given night, the resident will not be available to the non-preceptor.

6. The upper level residents may begin postop rounds by 6 am if they are not needed on L&D and the preceptors are encouraged to use their own back-up physicians if assistance is needed between 6 a.m. and 7:30 a.m. the on-call resident may, however, be needed to cover a preceptors' obstetrical emergency during this time until other assistance is available to the preceptor. Please carry your in-house pager until your shift ends at 7:30 a.m.
7. In order for medical records to keep track of your procedures, it is required that you write and sign all OB delivery notes or other procedures that you do that aren't dictated. You must write or dictate that your supervising M.D. was present for all or key portions of the procedure. The delivery notes of patients done in conjunction with CNM's are to be written by the CNM's.
8. The R-1 should begin postpartum rounds by 6-6:30 a.m. before 7:30 a.m. sign-out and getting the pager. Do not attend 7:30 a.m. sign-out post call on Wednesday morning. Hand off your pager to the incoming resident after telling the outgoing LN M.D. of any patient updates.
9. Patients being admitted to the hospital must have their H&P written by a resident, a CNM or M.D. It is **not** acceptable to co-sign a medical student H&P.
10. Supervise medical students in conjunction with other members of the team.

**Gynecology:**

1. The resident will be responsible for responding to calls concerning hospitalized Resident Clinic patients as well as GYN patients of both **Kaiser and St. Vincent preceptors who have signed out** to the on-call resident by the PGY-2, 3 & 4. GYN patients who may be signed out to the on-call resident include:
  - a) Post-operative GYN patients, in whom one of the residents played an active role in the surgery;
  - b) Hospitalized GYN patients or GYN oncology patients of the Kaiser and St. Vincent preceptors in whom one or more of the residents is actively involved in the ongoing daily management of the patient. Various preceptors may elect to have the resident round on such patients during the day, but have calls at night routed to the preceptor.
2. The residents will not be providing night or weekend coverage for Kaiser or St. Vincent preceptor GYN patients in whom they have not been actively involved in the patient's surgery, or in their daily hospital management (excluding preceptors' patients presenting to the ER).
3. Many preceptors have very specific expectations about post-operative rounding, and it is the responsibility of the operating resident to be certain these expectations are met. Weekend morning GYN rounds are the responsibility of the operating residents and are not to be signed out to the PGY-1. It is the responsibility of the PGY-2, 3, & 4 to arrange weekend GYN rounding responsibilities so that rounds are made in a timely fashion and do not require the on-call residents to neglect other responsibilities and don't place an undue burden on the previous night's on-call resident. Each resident is to have one day off in seven, on average, that is free of clinical responsibilities.

If a preceptor admits a non-surgical GYN patient, she/he may wish to involve the residents in that patient's hospital care. The preceptor will contact the PGY-4 who will assign a resident to work up and actively participate in the care of the patient during the hospitalization.

### **Medical Information System**

There are both Kaiser and St. Vincent computer software systems you will be working with while on rotation at St. Vincent. RRS is the Kaiser system for patient lab work, consultations and dictated studies and procedures (excludes inpatient testing done at St. Vincent). Kaisers' outpatient medical records, including prenatal records are available from the Epicare system, accessed through Internet Explorer on the computer desktop. You will receive training early in the rotation, which will allow you to access the Epicare system.

Kaiser Epicare Training – enclosed in the Kaiser Resident orientation packet is “how to” online e-train HealthConnect Ambulatory Care. Anne Nelson (503-813-2616 or 503-307-7696); [Anne.L.Nelson@kp.org](mailto:Anne.L.Nelson@kp.org)) will assist the R-1 with Health Connect Training. Kaiser HealthConnect Computer Assistance Help Desk: 503-778-2500.

Physician Portal, which is the St. Vincent system, lists all hospitalized patients both private and Kaiser, and their lab work. Orientation on St. Vincent's electronic medical record system accessible through Physician Portal on the computer desktop, is through Medical Records located in the Lower level of the Main Hospital. You will also have QS Login ID to access strips and charting on L&D.

You should have received in the mail before the start of your rotation, paperwork to fill out and return which allows you access to these systems. Once the paperwork is returned, your passwords and instructions to the two systems will be forwarded to Laurie Collins, Residency Coordinator, Medical Office Building, Suite #211 and put in your mailbox in the call room for pick up.

### **Dictation Guidelines for Residents**

1. Brevity, Brevity, Brevity! You will need to stop by Medical Records on your first day to get an orientation to the use of the dictation system.
2. Transcriptionists do not have charts available while doing dictation, so they must rely on the dictators to give them the following patient information: full name of patient (please spell all names); medical record number; name(s) of admitting physician(s); date of admission and/or discharge.
3. Instruction sheets for formats of reports are attached and also available in the dictating areas.
4. Please speak clearly when dictating. It is requested that you not dictate while eating, coughing, yawning, etc. Dictate at a moderate speed. This is especially important when dictating lab reports and medications.
5. If you take a few minutes to organize your notes and get your thoughts together before dictating, it will save time for both the dictator and the transcriptionist.
  - Please use the instruction card until you are totally familiar with the dictation system.

### **Dictations**

For any OB patients who stay more than 48 hours after delivery, or who had any type of surgical procedure, a discharge summary needs to be dictated. It is the policy of the Kaiser staff that whoever rounds on the patient on the day of discharge will dictate the discharge summary at the time of discharge. If a resident rounds on and discharges such a patient, that resident is responsible for the discharge dictation. In the unlikely situation that the patient is a complex Perinatology patient with, prolonged hospitalization, then the resident may contact the physician covering the Perinatal Service that week to discuss, at the time of the discharge, who will do the dictation. Unless other arrangements are made in this fashion, it is the responsibility of the discharging physician (resident or staff) to do the discharge dictation.

With respect to GYN patients, please check with preceptors about who they expect to do the operative note and discharge summary dictations. If you dictate operative notes, you must include “Dr. X was present for the entire procedure” or “Dr. X was present for the key elements of the procedure and was immediately available for the non-key elements.” Dr. Reddoch expects a resident to dictate all her discharge summaries. A perceived willingness to help with these tasks is often much appreciated by the preceptors, and helps develop a positive relationship between the preceptor and resident. Again these dictations should be done at the time of the surgeries and discharges, particularly towards the last few weeks of the rotation, so they will be done and available for your signature before you rotate off the service. Please do not leave op notes or discharge summaries undictated; they will be reassigned to Dr. Smith, or to the attending, neither of who enjoys completing your tasks. You are expected to dictate all discharge summaries on patients whom you are assigned to round on, unless it is clearly documented that someone else has already done it. This includes on weekends patients who you are seeing for another resident.

## PROVIDENCE HEALTH SYSTEM DICTATION INSTRUCTIONS FOR GENERAL HOSPITAL DICTATION

Within the hospital – x68888

Outside the hospital – 503-216-8888

### STEP 1 - ENTER YOUR USER ID

### STEP 2 - ENTER FACILITY CODE

- 1 = Milwaukie
- 2 = Portland
- 3 = St. Vincent

### STEP 3 - ENTER WORK TYPE

- 0 = Sleep Studies
- 2 = Consultation
- 3 = Discharge Summary
- 4 = History and Physical
- 5 = Inpatient Discharge Instructions
- 6 = Operative Report
- 7 = Emergency Room Report
- 8 = Cardiovascular Report
- 9 = Delivery Note
- 10 = Special Studies
- 17 = Oximetry Study
- 18 = Pulmonary Function
- 19 = Interim Summary (patient transfer to a different floor within same facility)
- 22 = Corrections

### STEP 4 - ENTER PATIENT'S MEDICAL RECORD NUMBER

You will hear a verbal prompt telling you to begin dictation, followed by a soft "ready-tone" assuring that the system is ready for dictation.

### TELEPHONE KEYPAD FUNCTIONS:

1	2	3
Begin new dictation with same work type & same facility code	Dictate [Record]	Short Rewind
4	5	6
PAUSE	Begin new dictation with different work type and same facility code	Go to End of Report
7	8	9
Partial Fast Forward	Go to beginning of Report	Disconnect and get confirmation
*	0	#
Play confirmation number	Begin new dictation with different facility code	Make STAT: press '#', then '9' during dictation; press '2' to continue dictating

**Mark report STAT:** Press the '#' button and then the '9' button during dictation. Then press '2' to continue dictating.

**To dictate another dictation with the same work type and same facility code without hanging up, press "1"**  
Your user ID, facility code, and work type will all be re-entered automatically. Continue from Step 4 above.

**To dictate another dictation with a different work type and same facility code without hanging up, press "5"**

Your user ID and facility code will be re-entered automatically. Continue with Step 3 above.

**REVIEWING DICTATION:** 1. Access system through the dictation phone number. 2. Enter user ID. 3. Press "#1", listen to the prompts to choose how to search for your report. 4. System will access the most recent report on this patient. To access an older report, press "5" to skip past each report. 5. Press "9" to disconnect.

If you have any questions or concerns, please contact regional transcription at 503-215-6826 (x56826).

## TIPS FOR EFFECTIVE DICTATION

### Speak clearly and always include:

Type of report (history and physical, consult, ER, etc.)  
 Patient's full name (spell) and medical record number, other identifying patient data (DOB)  
 Your full name (spell); identify yourself as a resident, if appropriate  
 Full name of authenticator (for residents)  
 Dates of admission, discharge, consultation or procedure  
 Full name of physicians who are to receive copies (spell)

### PLEASE DO:

- Gather your thoughts and materials before beginning dictation.
- Choose the correct work type for each report.
- Speak clearly, slowly and at a normal, consistent volume.
- Keep the mouthpiece a reasonable distance away from your mouth.
- Use the pause button (4) whenever necessary. Choose (2) to restart dictation.
- Be specific with diagnoses and names of procedures performed and avoid abbreviations.
- Reduce background noise (traffic, children, beepers) as much as possible.
- Spell names of other physicians, experimental or herbal drugs, lesser known instruments.
- Be consistent with value formats.
- Clearly indicate numbered lists by starting with number 1.
- Articulate clearly - BMP/BNP, aDductor/aBductor, 15/50, 3 "point" 5 (not three-five)

### PLEASE DON'T:

- Dictate more than one report per job number. Begin new reports by choosing 1 or 5, as appropriate.
- Shuffle papers or look up needed information while dictating. Use pause button (4).
- Change sentences or sentence endings as you dictate. Choose 3 to rewind over incorrect dictation and 2 to resume dictating.
- Dictate using a cell phone.
- Have side conversations while dictating.
- Hold your beeper, sneeze, cough or eat near the telephone mouthpiece.
- Spell well-known words, procedures or medications.
- Reread entire patient records. Simply say, "please refer to H&P for details."
- Hang up abruptly or drop the telephone.

**Remember there is a person on the other end – It's okay to say "hello" or "thank you!"**

Suggested elements for reports**HISTORY AND PHYSICAL or CONSULT**

Chief complaint:  
 History of present illness  
 Allergies  
 Current medications  
 Relevant past medical, surgical, social  
 and family history  
 Review of systems  
 Physical examination  
 Diagnostic data  
 Impression or conclusion  
 Treatment plan

**EMERGENCY ROOM**

Chief complaint  
 History of present illness  
 Allergies  
 Current medications  
 Relevant past medical, surgical, social  
 and family history  
 Review of systems  
 Physical Examination  
 Diagnostic findings  
 Emergency room course

**OPERATIVE REPORT:**

Date of surgery  
 Preop diagnosis (no abbreviations)  
 Postop diagnosis (no abbreviations)  
 Operation (no abbreviations)  
 Surgeon (assistants or anesthesiologist)  
 Anesthesia  
 Estimated blood loss  
 Type and method of closure  
 X-rays taken during surgery  
 Unusual occurrences or complications

**DISCHARGE SUMMARY**

Admitting diagnosis (no abbreviations)  
 Final diagnosis (no abbreviations)  
 Surgical procedures performed  
 Reason for admission (brief recapitulation)  
 Significant findings  
 Hospital course  
 Treatment rendered  
 Complications  
 Condition on discharge  
 Plans for future care

9205 S.W. Barnes Road  
Portland, Oregon  
97225

Tel 503.216.1234

RE: DANGEROUS ABBREVIATIONS IN THE MEDICAL RECORD

Dear Colleague:

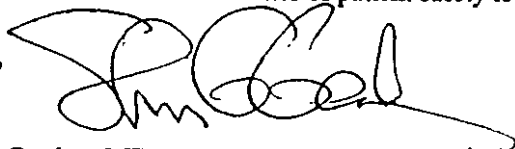
The potential for handwritten medication orders to be misunderstood is well established. <sup>1</sup>New standards<sup>2</sup> effective January 1, 2004 prohibit several commonly used abbreviations from the medical record. Required changes are:

- **Spell out "Unit" rather than "U"**  
Error: U may be interpreted as a zero, as in 10U Insulin
- **Put a zero before a decimal point**  
(Example: thyroxine 0.1mg, not .1 mg)  
Error: decimal point may go unnoticed
- **Don't put a zero after a decimal point**  
(Example: Morphine 1 mg.; not Morphine 1.0)
- **Don't use the Greek letter  $\mu$  when abbreviating microgram**  
Error:  $\mu$ g misinterpreted as mg. Example cosyntropin 1  $\mu$ g  
Preferred: spell out microgram, example cosyntropin 1 microgram (MCG is an acceptable alternative)
- **Write out daily or every other day** Don't write "Q.D." or "Q.O.D."
- **Write out Morphine, Morphine Sulfate, or Magnesium Sulfate.** Don't write "MS", "MSO<sub>4</sub>" or "MgSO<sub>4</sub>"
- **Don't use / to indicate a decimal point.** Always use 0.25 mg. Never 0/25 mg
- **Don't use an exponent to indicate number of times to administer per day.** Always use 100mg bid. Never use 100<sup>2</sup> mg.
- **Don't use T.I.W. to indicate three in a week.** Always use Three times a week.
- **Don't write X\_d to indicate times days or doses.** Always use 3 times a day.

Hospital staff members are being educated on these suggestions, and reminders are being posted on medical units. Additionally the prohibited abbreviations<sup>3</sup> are not permitted on any pre-printed order set or other clinical documentation entered into the medical record.

Your attention to this serious matter of patient safety is greatly appreciated.

Sincerely,



Steven G. Gordon, MD, MPP, FACP  
Chair, Providence St. Vincent Quality Council

<sup>1</sup> Institute for Safe Medication Practices, [www.ISMP.org](http://www.ISMP.org)

<sup>2</sup> JCAHO, [www.jcaho.org/accredited+organizations/patient+safety/04+npsg/index.htm](http://www.jcaho.org/accredited+organizations/patient+safety/04+npsg/index.htm)

<sup>3</sup> Available from the Medical Records Department or online via the PHS Intranet Physician's Home Page

**Delinquent Medical Records**

1. Each Wednesday a first warning letter will be sent to all residents at their home addresses. The letter will list all incomplete records assigned to the resident that are at least 14 days old. In addition, each department residency coordinator and Department Director will be sent a resident chart count each Monday.
2. If records are not completed within 7 days of the date of the first warning letter, a second warning letter for records 21 days old will be sent to the residents at their home address. The notice will advise the resident that all records identified in the letter must be completed within 7 days in order to avoid suspension from the training program. Records are considered eligible for suspension 28 days after patient discharge.
3. Each Monday, Medical Records will notify the appropriate Department Director if any resident has not responded to the delinquent-status letter within the 7 days allowed.
4. **The Department Director will prohibit residents on suspension from engaging in any hospital activities during the period of delinquent status.**
5. Medical Records staff will notify the Department Director when the delinquent physician has completed ALL delinquent records.
6. **After the end of the rotation if a resident does not return to complete outstanding medical records in a timely fashion, Dr. Karen Adams will be notified at OHSU.**

### **Quality Management and JCAHO Standards:**

1. Post operative notes must be written only after the procedure is completed and must be accurately timed and dated.
2. Use soap and water or hand sanitizer BEFORE and AFTER each patient contact.
3. Date and time ALL notes and orders.
4. Sign the signature form at the beginning of any chart on which you write a note.
5. Spell out "magnesium," "morphine" and "daily."
6. Include a PARQ note at any time there is a BLOOD TRANSFUSION. If you think your patient may need blood later in the day, you should document your discussion with her in your rounding note in the AM to cover this in the event it is needed by the end of the day. There is a form for this as well that is available on the floor to assist you.
7. Sign the "Medical Reconciliation" form at the beginning of the chart.
8. When in OB TRIAGE: slides for ferning need to be discarded once they have been evaluated microscopically. If there is a delay, the slide needs to be placed in a covered plastic urine cup and labeled with the patient's information.

### **Operating Room Guidelines for Residents**

You are encouraged to arrange to tour the Operating Room by contacting Ext 62151, Ext. 62149, or stop by the OR Office.

1. We are looking forward to meeting you when you stop by the OR office for introductions. Wearing Photo ID nametags is mandatory.
2. Hoods must be worn if you have long hair or a beard. Hair covers must be worn in all areas of the OR including the "outer core". Masks are required in the surgery rooms.
3. Cover gowns are provided in the dressing rooms. Cover your scrub clothes when you leave the department and upon returning discard the cover gown.
4. At the end of the surgical procedure, you must remove your gown and gloves (turning them inside out) before you leave the operating room.
5. You may be needed when positioning the patient prior to the surgical prep and at the end of the case to transfer the patient from the surgery table to the stretcher. To facilitate rapid room changeovers, we appreciate you accompanying the anesthesiologist to the Post Anesthesia Care Unit with the patient.

Our Managers and Nurse Educator are available to answer questions you may have on Policy and Procedures. Please feel free to call Ext. 62149 or Ext. 62151, or stop by the OR office.

## **EDUCATIONAL OBJECTIVES**

### **Background**

The purpose of a rotation in obstetrics and gynecology is to provide diverse educational opportunities for residents so as to train competent and compassionate physicians in this discipline. These educational opportunities should include (but are not limited to) organized formal didactic sessions, direct surgical experience, observation of doctor-patient relationships with faculty and informal teaching during rounds/patient evaluations. Specific guidelines for education and supervision of residents are clearly outlined by the Council on Resident Education in Obstetrics and Gynecology, with the Residency Review Committee (of ACGME) requirements in mind.

It is important to maintain the same level of commitment to education and supervision of the residents at all of the training sites. Supervision and involvement by committed faculty is even more critical with the implementation of the resident work hour restrictions – which begin July 1, 2003, as this will result in more frequent transfer of patient care between residents as residents rotate through shifts.

With the coming deficiency of physician workforce to meet the needs in OB/GYN, the Oregon Health & Sciences University residency is cognizant of the importance of training residents who develop strong relationships and collaborations with future colleagues during their education. Having committed, excellent supervision will impact the choices residents make in choosing practices and in assuring the quality of physicians caring for women in our community. It is an investment in the future for every physician involved in training.

Please note: Resident work hour restrictions are not optional. Residents and staff may be frustrated at times but they cannot exceed the 80 hour limit and they must attend didactic conferences on Friday morning at OHSU as well as their designated continuity clinics.

### **Framework for Obstetrics**

There must be in-house faculty supervision of the residents 24 hours a day, 7 days a week.

The faculty member in charge must clearly be identified for each shift.

Continuity of care with accurate transfer of relevant patient information is critical.

Formal board rounds with the residents and the faculty member(s) involved in the care of the patients should occur at each change of shift.

Plan of care will be discussed with the attending along with any relevant history or physical findings.

After morning rounds, a didactic session will be conducted by the supervising faculty member. The sessions can be divided between faculty, residents and students as appropriate.

All admissions to the hospital which have resident involvement require a note by the supervising faculty member stating the patient was seen along with discussion of the pain and the follow up plan.

### **Framework for Gynecology**

Residents should meet all surgical patients in the pre-operative area and review the chart along and be familiar with the surgery to be performed.

Unless directed otherwise by the faculty, the resident will be responsible for dictating the operative note along with the discharge summary.

Residents are responsible for post-operative rounds on all patients where a resident was involved in the case.

The responsible faculty members are required to see the post-operative patients and write a note documenting the visit.

Failure of faculty members to adhere to these responsibilities will result in loss of the designation as clinical faculty preceptors. In such cases, this faculty member will not have the opportunity to be involved in resident education. The list of clinical preceptors will be reviewed on a yearly basis with the Program Director and associate residency program director for the rotation.

Rotation	Obstetrics	
Institution	PSVMC	Duration in Months: 8 weeks
Year of training	OBGYN 1	
<b>Educational objectives:</b>		
<b>Patient Care</b>		
<ul style="list-style-type: none"> <li>➤ Provide routine antepartum assessment which includes the following components; complete and relevant history (including assessment of risk for substance abuse, genetic conditions, adverse psycho-social situations, sexual abuse and domestic violence) detailed/focused physical examination, pelvic examination (including proper collection of specimens to test for Chlamydia, gonorrhea, herpes, wet mount for vaginitis and PAP smears), estimation of uterine size and determination of fetal lie/presentation via physical examination.</li> <li>➤ Distinguish normal from high-risk pregnancies based on concurrent medical, surgical and gynecologic conditions.</li> <li>➤ Identify common obstetrical complications, e.g. gestational diabetes, pre-term labor, pre-eclampsia and initiate appropriate management.</li> <li>➤ Learn ultrasound physics; be able to perform basic obstetric, ultrasound scanning under supervision.</li> <li>➤ Learn the mechanisms of normal labor, be able to diagnose and manage normal labor and learn the conduct of a normal vaginal delivery. Learn the procedures of sterile speculum examination, digital cervical examination, amniotomy, placement of internal fetal heart rate and uterine pressure monitors.</li> <li>➤ Learn to diagnose abnormal labor and to apply basic management options, amniotomy, induction and augmentation of labor. Be able to approach any patient presenting to labor and delivery, evaluate and formulate a plan to present to an attending physician.</li> <li>➤ Learn the indications for risks of and methods of inducing labor.</li> <li>➤ Repair first and second-degree genital tract lacerations and episiotomies.</li> <li>➤ Learn to interpret fetal heart rate tracings and assess antepartum and intrapartum condition of the fetus utilizing non-stress tests, contraction stress tests and biophysical profiles.</li> <li>➤ Learn to identify the indications for and complications of cesarean section, episiotomy, operative vaginal delivery and postpartum tubal ligation.</li> <li>➤ Become familiar with the performance of uncomplicated cesarean section by assisting at or performing the operation under supervision of senior resident or faculty.</li> <li>➤ Learn to perform post-partum tubal ligation.</li> <li>➤ Become familiar with types of obstetrical anesthesia/analgesia; intravenous narcotics, local anesthesia, pudendal block, epidural, spinal and general anesthesia.</li> <li>➤ Identify and treat common infectious diseases in pregnancy and post-partum including urinary tract infections, gonorrhea, Chlamydia, syphilis, endometritis, wound infection and mastitis.</li> <li>➤ Learn to follow several patients at once, i.e., learn to prioritize tasks.</li> <li>➤ Learn to identify obstetric emergencies and initiate management.</li> <li>➤ Learn the resuscitation of the newborn.</li> <li>➤ Learn to provide routine post-partum and post-operative care.</li> <li>➤ Be able to discuss risks, benefits mechanisms of action of all current forms of contraception.</li> <li>➤ Be able to treat nausea and vomiting of pregnancy.</li> <li>➤ Learn management of post-dates pregnancies.</li> </ul>		
<b>Medical/Basic Science Knowledge:</b>		
<ul style="list-style-type: none"> <li>➤ Learn the basics of pelvic anatomy</li> <li>➤ Demonstrate ability to repair vaginal lacerations</li> <li>➤ Know the physiology of normal pregnancy, puerperium, fetus and newborn.</li> <li>➤ Be able to interpret laboratory, imaging and other diagnostic data evaluating normal pregnancy and common complications.</li> <li>➤ The emphasis of the R1 should be learning standard assessment s and management plans use at Kaiser/PSVMC.</li> <li>➤ Perform a minimum of 25 vaginal deliveries with supervision.</li> <li>➤ Assist on a minimum of 25 cesarean sections.</li> </ul>		
<b>Interpersonal and Communication Skills:</b>		
<ul style="list-style-type: none"> <li>➤ Develop listening skills to address patients' concerns respectfully and effectively</li> <li>➤ Ensure that patients (and their families) understand their diagnosis, treatment, and follow-up.</li> <li>➤ Develop and learn effective methods for communicating with other colleagues on labor and delivery.</li> <li>➤ Learn to write regular, complete, succinct and legible progress notes; gain proficiency in dictation and reporting.</li> </ul>		

<b>Professionalism:</b>	
<ul style="list-style-type: none"> <li>➤ Interact professionally with all members of the health care team.</li> <li>➤ Exhibit reliability and responsibility with health care team members and patients.</li> <li>➤ Provide compassionate care to patients and their families.</li> <li>➤ Provide care that incorporates sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background</li> <li>➤ Practice medicine guided by honesty and ethics.</li> </ul>	
<b>Systems Based Practice:</b>	
<ul style="list-style-type: none"> <li>➤ Demonstrate appropriate use of labor and delivery and postpartum resources, including financial and social work resources</li> <li>➤ Understand how legal, social, financial, and ethical considerations impact the provision of care to women and their infants.</li> </ul>	
<b>Practice Based Learning and Improvement:</b>	
<ul style="list-style-type: none"> <li>➤ Appropriately use the educational resources available on labor and delivery, including on-line text databases.</li> <li>➤ Learn to use appropriately the computer-based patient tracking and electronic medical records capabilities.</li> <li>➤ Demonstrate willingness to acquire new knowledge and skills specific to provision of obstetrical care.</li> <li>➤ Demonstrate the ability to formulate a clinical question and use textbook resources to answer it.</li> <li>➤ Demonstrate a desire for self-improvement by accepting and integrating feedback given by other members of the health-care team.</li> <li>➤ Demonstrate recognition of the need for self-education.</li> <li>➤ Review the objectives of this rotation and meet these objectives through clinical experience, supplemental reading textbooks, literature review and use of electronic resources and discussions with faculty.</li> </ul>	
<b>Description of clinical experiences:</b>	
<ul style="list-style-type: none"> <li>➤ The Obstetric rotation at PSVMC occurs on Labor and Delivery and on Postpartum located on the 3<sup>rd</sup> Floor of PSVMC. You will work as a member of the Kaiser inpatient OB/GYN team and will work with private practice physician preceptors when asked. During night and weekend call this may include attending to preceptor patients presenting to the ER for evaluation; you will be directly supervised by the attending. You may also be called to assess postoperative problems on patients on whom your fellow residents have operated and will be supervised by the appropriate attending.</li> <li>➤ You will be on call Tuesday night, Saturday day.</li> <li>➤ You will attend your continuity clinic at OHSU weekly</li> <li>➤ You will keep a logbook with patient information documenting your clinical experience.</li> <li>➤ You may have a medical student working with you, in which case you will also be expected to teach the student basic information regarding antepartum and postpartum care and assist the medical student in delivering babies and placentas as appropriate. Your duty hours during this rotation are compliant with ACGME requirements.</li> </ul>	
<b>Description of didactic experiences:</b>	
<ul style="list-style-type: none"> <li>➤ Residents are expected to attend the weekly Thursday morning educational OB/GYN educational conferences. During the course of the rotation they will present a clinical topic at this conference, chosen in conjunction with the OB Department QA Chairman, Dr. Pierre Pham.</li> <li>➤ Residents will prepare for and attend the Monday noon didactic teaching conferences with the PSVMC/Kaiser Assistant Residency Director or another designated physician. These conferences are listed in the handout given to you at the beginning of the rotation.</li> <li>➤ The R-1 will arrange to meet with Dr. Lubarsky of Kaiser Perinatology on Tuesdays for a one-on-one tracing review conference.</li> <li>➤ The resident will attend their continuity clinic each week at OHSU as well as weekly Grand Rounds and resident teaching conferences each Friday at OHSU.</li> </ul>	
<b>Evaluation process:</b>	
<ul style="list-style-type: none"> <li>➤ You should expect to receive informal feedback verbally from the preceptors during the rotation.</li> <li>➤ At the end of the rotation a standard evaluation form is sent to the Kaiser/PSVMC preceptors. The preceptor feedback is compiled onto one form which is reviewed and signed by the Kaiser/PSVMC OB/GYN Assistant Residency Director and is submitted to the Verinform system. The residency director and the resident's faculty advisor review these evaluations.</li> </ul>	
<b>Feedback mechanisms:</b>	
<ul style="list-style-type: none"> <li>➤ Informal evaluations should be requested by residents throughout their rotation and any problems with the rotation should be shared with the on-site residency director, Dr. Virginia Smith.</li> <li>➤ You will be asked to formally evaluate the rotation.</li> </ul>	
Have the service directors for all rotations outside the ObGyn Department at the primary institution reviewed and agreed to the rotations as described?	YES (x) NO ( )

Rotation	Gynecology and Ultrasound	
Institution	PSVMC/Kaiser	Duration in Months: 8 weeks
Year of training	OBGYN 2	
<b>Educational objectives:</b>		
<b>Patient Care</b>		
<ul style="list-style-type: none"> <li>➤ During this rotation you will learn to apply analytical thinking to gynecologic patients, incorporating caring behavior, skilled interviews, informed counseling and an increasing recognition of the application of basic sciences to this field.</li> <li>➤ You will create therapeutic relationships through good listening skills and professional behavior with sensitivity to sociologic issues.</li> <li>➤ You will consider the issues of ethics, patient advocacy, timely response to symptoms and thoroughness of follow-up.</li> <li>➤ You will assess your clinical weaknesses and interact with your preceptors to fulfill your educational needs and the cares needs of our patients.</li> </ul>		
<b>Medical/Basic Science Knowledge:</b>		
<ul style="list-style-type: none"> <li>➤ You will gain experience in minor operative procedures; diagnostic hysteroscopy, dilatation and curettage, diagnostic laparoscopy, laparoscopic tubal ligation.</li> <li>➤ You will become competent in surgically opening the abdomen and closing it with good understanding of anatomy and suture handling. You will understand postoperative care and pain control with evaluation of fever, management of concomitant medical problems, prophylactic antibiotic use and diagnosis and treatment of seromas and wound infections.</li> <li>➤ You will enhance your knowledge and surgical skills in the area of GYN oncology.</li> <li>➤ You will enhance your knowledge and surgical skills in the area of gynecological oncology.</li> <li>➤ Resident will develop his/her operative skills in major gynecologic surgery. They will gain experience in performing procedures such as: abdominal and vaginal hysterectomy, oophorectomy, ovarian cystectomy, operative laparoscopy, appendectomy and ectopic pregnancy.</li> <li>➤ You will gain experience in providing continuity of care to hospitalized, non-surgical patients as well as post-operative patients. You will manage Post-operative complications that may arise.</li> <li>➤ While on call the R-2 will gain additional experience in managing normal and high-risk obstetrical patients, will assess OB/GYN preceptor patients presenting to the Emergency Department in conjunction with the preceptor and will provide continuity of care to hospitalized gynecologic patients.</li> <li>➤ The resident will gain additional experience in advanced gestation ultrasound to include maternal parameters such as cervical length, placenta location and characteristics and adnexa; as well as fetal aspects, including number, orientation, cord insertions site, biometry and anatomy (head, spine, face, hands, abdomen, heart, legs, gender).</li> </ul>		
<b>Interpersonal and Communication Skills:</b>		
<ul style="list-style-type: none"> <li>➤ Develop listening skills to address patients' concerns respectfully and effectively</li> <li>➤ Ensure that patients (and their families) understand their diagnosis, treatment, and follow-up.</li> <li>➤ Develop and learn effective methods for communicating with other colleagues on labor and delivery.</li> <li>➤ Learn to write regular, complete, succinct and legible progress notes; gain proficiency in dictation and reporting.</li> </ul>		
<b>Professionalism:</b>		
<ul style="list-style-type: none"> <li>➤ Interact professionally with all members of the health care team.</li> <li>➤ Exhibit reliability and responsibility with health care team members and patients.</li> <li>➤ Provide compassionate care to patients and their families.</li> <li>➤ Provide care that incorporates sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background</li> <li>➤ Practice medicine guided by honesty and ethics.</li> </ul>		
<b>Systems Based Practice:</b>		
<ul style="list-style-type: none"> <li>➤ Demonstrate appropriate use of labor and delivery and postpartum resources, including financial and social work resources</li> <li>➤ Understand how legal, social, financial, and ethical considerations impact the provision of care to women and their infants.</li> </ul>		

<b>Practice Based Learning and Improvement:</b>	
<ul style="list-style-type: none"> <li>➤ Appropriately use the educational resources available at PSVMC, including on-line text databases.</li> <li>➤ Learn to use appropriately the computer-based patient tracking and electronic medical records capabilities.</li> <li>➤ Demonstrate willingness to acquire new knowledge and skills specific to provision of gynecologic care.</li> <li>➤ Demonstrate the ability to formulate a clinical question and use textbook resources to answer it.</li> <li>➤ Demonstrate a desire for self-improvement by accepting and integrating feedback given by other members of the health-care team.</li> <li>➤ Demonstrate recognition of the need for self-education.</li> <li>➤ Review the objectives of this rotation and meet these objectives through clinical experience, supplemental reading textbooks, literature review and use of electronic resources and discussions with faculty.</li> </ul>	
<b>Professionalism:</b>	
<ul style="list-style-type: none"> <li>➤ Interact professionally with all members of the health care team.</li> <li>➤ Exhibit reliability and responsibility with health care team members and patients.</li> <li>➤ Provide compassionate care to patients and their families.</li> <li>➤ Provide care that incorporates sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background</li> <li>➤ Practice medicine guided by honesty and ethics.</li> </ul>	
<b>Systems Based Practice:</b>	
<ul style="list-style-type: none"> <li>➤ Demonstrate appropriate use of labor and delivery and postpartum resources, including financial and social work resources</li> <li>➤ Understand how legal, social, financial, and ethical considerations impact the provision of care to women and their infants.</li> </ul>	
<b>Practice Based Learning and Improvement:</b>	
<ul style="list-style-type: none"> <li>➤ Appropriately use the educational resources available on labor and delivery, including on-line text databases.</li> <li>➤ Learn to use appropriately the computer-based patient tracking and electronic medical records capabilities.</li> <li>➤ Demonstrate willingness to acquire new knowledge and skills specific to provision of gynecologic care.</li> <li>➤ Demonstrate the ability to formulate a clinical question and use textbook resources to answer it.</li> <li>➤ Demonstrate a desire for self-improvement by accepting and integrating feedback given by other members of the health-care team.</li> <li>➤ Demonstrate recognition of the need for self-education.</li> </ul> <p>Review the objectives of this rotation and meet these objectives through clinical experience, supplemental reading textbooks, literature review and use of electronic resources and discussions with faculty.</p>	
<b>Description of clinical experiences:</b>	
<ul style="list-style-type: none"> <li>➤ You will spend ½ per week seeing patients in the resident clinic.</li> <li>➤ You will spend ½ day per week performing antepartum obstetrical ultrasounds in conjunction with the Perinatology division of Women's Healthcare Associates, whose offices are on the PSVMC campus.</li> <li>➤ You will spend 4 half days assisting assigned GYN surgical preceptors with their gynecologic surgeries and operating on resident clinic patients in the Main OR and will be expected to round on those patients daily until they are discharged. If you are unavailable, then you are expected to have another resident round on your post-operative patients after giving them appropriate sign-out. You will keep an operating logbook with patient information documenting your clinical experience.</li> <li>➤ You will take call on Labor and Delivery on Wednesday nights and every other Saturday. Your clinical experience will be as outlined for the R-1 on this rotation.</li> </ul>	
<b>Description of didactic experiences:</b>	
<ul style="list-style-type: none"> <li>➤ Residents are expected to attend the weekly Thursday morning educational OB/GYN educational conferences. During the course of the rotation they will present a clinical topic at one of these conferences.</li> <li>➤ Residents are encouraged to attend and participate in the weekly didactic conferences with the R-1 and the Assistant Residency Director as their surgical responsibilities allow.</li> </ul>	
<b>Evaluation process:</b>	
<ul style="list-style-type: none"> <li>➤ You should expect to receive informal feedback verbally from the preceptors during the rotation.</li> </ul> <p>At the end of the rotation a standard evaluation form is sent to the Kaiser/PSVMC preceptors. The preceptor feedback is compiled onto one form which is reviewed and signed by the Kaiser/PSVMC OB/GYN Assistant Residency Director and is submitted to the Verinform system. The residency director and the resident's faculty advisor review these evaluations.</p>	
<b>Feedback mechanisms:</b>	
<ul style="list-style-type: none"> <li>➤ Informal evaluations should be requested by residents throughout their rotation and any problems with the rotation should be shared with the on-site residency director, Dr. Virginia Smith.</li> <li>➤ You will be asked to formally evaluate the rotation.</li> </ul>	
Have the service directors for all rotations outside the ObGyn Department at the primary institution reviewed and agreed to the rotations as described?	YES (X) NO ( )
If NO, please explain.	

Rotation	Gynecology – Benign and Oncology	
Institution	PSVMC/Kaiser	Duration in Months: 2 months
Year of training	OBGYN 3	
<b>Educational objectives</b>		
<b>Patient Care:</b>		
<ul style="list-style-type: none"> <li>➤ During this rotation you will continue to apply analytical thinking to gynecologic patients, incorporating caring behavior, skilled interviews, informed counseling and an increasing recognition of the application of basic sciences to this field.</li> <li>➤ You will create therapeutic relationships through good listening skills and professional behavior with sensitivity to sociologic issues.</li> <li>➤ You will consider the issues of ethics, patient advocacy, timely response to symptoms and thoroughness of follow-up.</li> <li>➤ You will assess your clinical weaknesses and interact with your attendings to fulfill your educational needs and the care needs of your patients.</li> <li>➤ You will enhance your knowledge and surgical skills in the area of GYN oncology.</li> <li>➤ The resident will work closely with the gynecologic oncologists on staff at PSVMC to gain experience in the multi-disciplinary aspects of the management of various gynecologic oncology patients, which included non-surgical treatment modalities (radiation and chemotherapy) benefits, complications; patient education about their illness, surgical management – genetics, complications, psychosocial counseling and support; and terminal care.</li> <li>➤ The resident will gain experience in managing gynecologic oncology patients who are hospitalized for chemotherapy or for medical or surgical problems. He/she will also gain additional experience in providing the post-operative care for all the patients whose surgeries the resident was involved.</li> <li>➤ The resident will gain experience in completing in-depth literature surveys and giving oral presentations on selected topics.</li> <li>➤ While on call the resident may enhance his/her skills in normal and high-risk obstetrics, in operative deliveries and in the management of acute problems that develop with hospitalized non-surgical and post-op GYN patients. They will assess OB/GYN preceptor patients presenting to the emergency room in conjunction with the preceptor.</li> <li>➤ The resident will gain experience in diagnosing and treating both benign and malignant diseases of the female breast at the Good Samaritan Breast Clinic.</li> </ul>		
<b>Medical/Basic Science Knowledge:</b>		
<ul style="list-style-type: none"> <li>➤ You will become familiar with threatening surgical complications: septic shock, necrotizing fasciitis, hemorrhage and hemodynamic monitoring, ARDS, fistula formation, bowel and ureteral injury.</li> <li>➤ You will become familiar with pelvic support defects and the surgery to correct them.</li> <li>➤ You will become competent in minor operative procedures: operative hysteroscopy with resection of myomy, polyp, septum, vestibulectomy, I&amp;D of pelvic abscess.</li> <li>➤ You will become competent surgically in laparoscopic cystectomy, oophorectomy, hysterectomy both supracervical and vaginal after laparoscopic assistance.</li> <li>➤ You will become competent in vaginal/vulvar surgeries of anterior and posterior colporrhaphy, paravaginal repair, hysterectomy, rectal fistula repair, neovagina formation, simple vulvectomy, and sacrocolpopexy.</li> <li>➤ You will become familiar with incontinence procedures, urethropexy, and sling.</li> <li>➤ You will become familiar with cesarean hysterectomy, bladder fistula repair, presacral neurectomy, and myomectomy.</li> <li>➤ You will become familiar with gynecologic oncologic surgical procedures such as radical hysterectomy, pelvic and periaortic lymphadenectomy, radical vulvectomy, simple vulvectomy, surgical staging of various GYN malignancies, pelvic exenteration.</li> <li>➤ You will become familiar with laparotomies for complex, benign conditions such as pelvic abscesses, extensive endometriosis.</li> <li>➤ You will become competent in the surgical management of ectopic pregnancy.</li> </ul>		
<b>Interpersonal and Communication Skills:</b>		
<ul style="list-style-type: none"> <li>➤ Develop listening skills to address patients' concerns respectfully and effectively</li> <li>➤ Ensure that patients (and their families) understand their diagnosis, treatment, and follow-up.</li> <li>➤ Develop and learn effective methods for communicating with other colleagues on labor and delivery.</li> <li>➤ Learn to write regular, complete, succinct and legible progress notes; gain proficiency in dictation and reporting.</li> </ul>		

<b>Professionalism:</b>	
<ul style="list-style-type: none"> <li>➤ Interact professionally with all members of the health care team.</li> <li>➤ Exhibit reliability and responsibility with health care team members and patients.</li> <li>➤ Provide compassionate care to patients and their families.</li> <li>➤ Provide care that incorporates sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background</li> <li>➤ Practice medicine guided by honesty and ethics.</li> </ul>	
<b>Systems Based Practice:</b>	
<ul style="list-style-type: none"> <li>➤ Demonstrate appropriate use of labor and delivery and postpartum resources, including financial and social work resources</li> <li>➤ Understand how legal, social, financial, and ethical considerations impact the provision of care to women and their infants.</li> </ul>	
<b>Practice Based Learning and Improvement:</b>	
<ul style="list-style-type: none"> <li>➤ Appropriately use the educational resources available on labor and delivery, including on-line text databases.</li> <li>➤ Learn to use appropriately the computer-based patient tracking and electronic medical records capabilities.</li> <li>➤ Demonstrate willingness to acquire new knowledge and skills specific to provision of obstetrical care.</li> <li>➤ Demonstrate the ability to formulate a clinical question and use textbook resources to answer it.</li> <li>➤ Demonstrate a desire for self-improvement by accepting and integrating feedback given by other members of the health-care team.</li> <li>➤ Demonstrate recognition of the need for self-education.</li> <li>➤ Review the objectives of this rotation and meet these objectives through clinical experience, supplemental reading textbooks, literature review and use of electronic resources and discussions with faculty.</li> </ul>	
<b>Description of clinical experiences:</b>	
<ul style="list-style-type: none"> <li>➤ You will spend 6 half days assisting assigned GYN surgical preceptors with their gynecologic surgery in the Main OR and will be expected to attend to these patients daily until they are discharged or as determined by call schedules on the weekends.</li> <li>➤ The R-3 will spend ½ day per week at the Breast Clinic located at Good Samaritan Hospital.</li> <li>➤ You will keep an operating logbook with patient information detailing your clinical experience on this rotation.</li> <li>➤ You will attend your weekly Continuity Clinic at OHSU</li> <li>➤ You will take call per the call schedule on Labor and Delivery with clinical experience as previously detailed.</li> <li>➤ Your duty hours are to be compliant with ACGME recommendation.</li> </ul>	
<b>Description of didactic experiences:</b>	
<ul style="list-style-type: none"> <li>➤ Residents are expected to attend the weekly Thursday morning educational OB/GYN educational conferences. During the course of the rotation they will give a clinical presentation at one of these conferences.</li> <li>➤ Residents are encouraged to attend and participate in the weekly didactic conferences with the R-1 and the Assistant Residency Coordinator as their surgical responsibilities allow.</li> </ul>	
<b>Evaluation process:</b>	
<ul style="list-style-type: none"> <li>➤ You should expect to receive informal feedback verbally from the preceptors during the rotation.</li> <li>➤ At the end of the rotation a standard evaluation form is sent to the Kaiser/PSVMC preceptors. The preceptor feedback is compiled onto one form which is reviewed and signed by the Kaiser/PSVMC OB/GYN Assistant Residency Director and is submitted to the Verinform system. The residency director and the resident's faculty advisor review these evaluations.</li> </ul>	
<b>Feedback mechanisms:</b>	
<ul style="list-style-type: none"> <li>➤ Informal evaluations should be requested by residents throughout their rotation and any problems with the rotation should be shared with the on-site residency director, Dr. Virginia Smith.</li> <li>➤ You will be asked to formally evaluate the rotation.</li> </ul>	
Have the service directors for all rotations outside the ObGyn Department at the primary institution reviewed and agreed to the rotations as described?	YES (X) NO ( )
If NO, please explain.	

Rotation	Gynecology	
Institution	PSVMC/Kaiser	Duration in Months: 2 months
Year of training	OBGYN 4	
<b>Educational objectives</b>		
<b>Patient Care:</b>		
<ul style="list-style-type: none"> <li>➤ During this rotation you will continue to apply analytical thinking to gynecologic patients, incorporating caring behavior, skilled interviews, informed counseling and an increasing recognition of the application of basic sciences to this field.</li> <li>➤ You will create therapeutic relationships through good listening skills and professional behavior with sensitivity to sociologic issues.</li> <li>➤ You will consider the issues of ethics, patient advocacy, timely response to symptoms and thoroughness of follow-up.</li> <li>➤ You will assess your clinical weaknesses and interact with your attendings to fulfill your educational needs and the care needs of your patients.</li> <li>➤ You will enhance your knowledge and surgical skills in the area of GYN oncology.</li> <li>➤ The resident will work closely with the gynecologic oncologists on staff at PSVMC to gain experience in the multi-disciplinary aspects of the management of various gynecologic oncology patients, which included non-surgical treatment modalities (radiation and chemotherapy) benefits, complications; patient education about their illness, surgical management – genetics, complications, psychosocial counseling and support; and terminal care.</li> <li>➤ The resident will gain experience in managing gynecologic oncology patients who are hospitalized for chemotherapy or for medical or surgical problems. He/she will also gain additional experience in providing the post-operative care for all the patients whose surgeries the resident was involved.</li> <li>➤ The resident will gain experience in completing in-depth literature surveys and giving oral presentations on selected topics.</li> <li>➤ While on call the resident may enhance his/her skills in normal and high-risk obstetrics, in operative deliveries and in the management of acute problems that develop with hospitalized non-surgical and post-op GYN patients. They will assess OB/GYN preceptor patients presenting to the emergency room in conjunction with the preceptor.</li> </ul>		
<b>Medical/Basic Science Knowledge:</b>		
<ul style="list-style-type: none"> <li>➤ You will become familiar with threatening surgical complications: septic shock, necrotizing fasciitis, hemorrhage and hemodynamic monitoring, ARDS, fistula formation, bowel and ureteral injury.</li> <li>➤ You will become familiar with pelvic support defects and the surgery to correct them.</li> <li>➤ You will become competent in minor operative procedures: operative hysteroscopy with resection of myomy, polyp, septum, vestibulectomy, I&amp;D of pelvic abscess.</li> <li>➤ You will become competent surgically in laparoscopic cystectomy, oophorectomy, hysterectomy both supracervical and vaginal after laparoscopic assistance.</li> <li>➤ You will become competent in vaginal/vulvar surgeries of anterior and posterior colporrhaphy, paravaginal repair, hysterectomy, rectal fistula repair, neovagina formation, simple vulvectomy, and sacrocolpopexy.</li> <li>➤ You will become familiar with incontinence procedures, urethropexy, and sling.</li> <li>➤ You will become familiar with cesarean hysterectomy, bladder fistula repair, presacral neurectomy, and myomectomy.</li> <li>➤ You will become familiar with gynecologic oncologic surgical procedures such as radical hysterectomy, pelvic and periaortic lymphadenectomy, radical vulvectomy, simple vulvectomy, surgical staging of various GYN malignancies, pelvic exenteration.</li> <li>➤ You will become familiar with laparotomies for complex, benign conditions such as pelvic abscesses, extensive endometriosis.</li> <li>➤ You will become competent in the surgical management of ectopic pregnancy.</li> </ul>		

**Interpersonal and Communication Skills:**

- Develop listening skills to address patients' concerns respectfully and effectively
- Ensure that patients (and their families) understand their diagnosis, treatment, and follow-up.
- Develop and learn effective methods for communicating with other colleagues on labor and delivery.
- Learn to write regular, complete, succinct and legible progress notes; gain proficiency in dictation and reporting.
- The R-4 will act as the Administrative resident for the PSVMC OB/GYN residency program and will gain experience in conflict resolution, time management and allocating human resources. Duties will include:
  - Work in conjunction with the assistant Residency director to resolve scheduling and/or interpersonal conflicts among residents, students or residents and preceptors.
  - Provide the night and weekend call schedules for the rotation, which comply with the resident call and vacation guidelines at least 2 months before the beginning of the rotation.
  - Assign out of block surgical cases taking into account resident availability and preceptor continuity.

**Professionalism:**

- Interact professionally with all members of the health care team.
- Exhibit reliability and responsibility with health care team members and patients.
- Provide compassionate care to patients and their families.
- Provide care that incorporates sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background
- Practice medicine guided by honesty and ethics.

**Practice Based Learning and Improvement:**

- Appropriately use the educational resources available on labor and delivery, including on-line text databases.
- Learn to use appropriately the computer-based patient tracking and electronic medical records capabilities.
- Demonstrate willingness to acquire new knowledge and skills specific to provision of obstetrical care.
- Demonstrate the ability to formulate a clinical question and use textbook resources to answer it.
- Demonstrate a desire for self-improvement by accepting and integrating feedback given by other members of the health-care team.
- Demonstrate recognition of the need for self-education.
- Review the objectives of this rotation and meet these objectives through clinical experience, supplemental reading textbooks, literature review and use of electronic resources and discussions with faculty.

**Description of clinical experiences:**

- You will spend 5 half days assisting assigned GYN surgical preceptors with their gynecologic surgeries and operating on resident clinic patients in the Main OR and will be expected to attend to these patients daily until they are discharged or as determined by call schedules on the weekends.
- You will spend ½ day per week seeing patients in the resident clinic.
- You will keep an operating logbook with patient information detailing your clinical experience on this rotation.
- You will attend your weekly Continuity Clinic at OHSU
- You will take call per the call schedule on Labor and Delivery with clinical experience as previously detailed.
- Your duty hours are to be compliant with ACGME recommendation.

**Description of didactic experiences:**

- Residents are expected to attend the weekly Thursday morning educational OB/GYN educational conferences. During the course of the rotation they will give a clinical presentation at one of these conferences.
- Residents are encouraged to attend and participate in the weekly didactic conferences with the R-1 and the Assistant Residency Coordinator as their surgical responsibilities allow.

**Evaluation process:**

- You should expect to receive informal feedback verbally from the preceptors during the rotation.
- At the end of the rotation a standard evaluation form is sent to the Kaiser/PSVMC preceptors. The preceptor feedback is compiled onto one form which is reviewed and signed by the Kaiser/PSVMC OB/GYN Assistant Residency Director and is submitted to the Verinform system. The residency director and the resident's faculty advisor review these evaluations.

**Feedback mechanisms:**

- Informal evaluations should be requested by residents throughout their rotation and any problems with the rotation should be shared with the on-site residency director, Dr. Virginia Smith.
- You will be asked to formally evaluate the rotation.

Have the service directors for all rotations outside the ObGyn Department at the primary institution reviewed and agreed to the rotations as described?

YES (X) NO ( )

If NO, please explain.

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 Dr. Lisa McCluskey  
 Dr. Lesley Otto  
 Dr. Jana Reddoch  
 Dr. R. Scott Rushing  
 Dr. Paul Tseng  
 Dr. Will Winter

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 Dr. Debra Guinn  
 Dr. Juan Martinez-Poyer  
 Dr. Liberato Mukul  
 Dr. Santosh Pandipati  
 Dr. Mark Tomlinson  
 Dr. Peter Watson

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 Dr. Trina Brodsky  
 Dr. Danielle Dion  
 Dr. Shirley Fox  
 Dr. Maryanne Garvie-Loveland  
 Dr. Gary Hoffman  
 Dr. Ben Johnson  
 Dr. Anna Karlsson  
 Dr. Marni Kwiecien  
 Dr. Laura Morrison  
 Dr. Miles Seeley  
 Dr. Terry Simpson

**OB/GYN (Continued)**

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 Dr. Carol Stull  
 Dr. Tony Taitano  
 Dr. Damon Warhus  
 Dr. Sally Wentross

**PRECEPTORS FROM OHSU, GOOD  
 SAMARITAN AND EMANUEL ARE TO BE  
 CONSIDERD AS ST. VINCENT  
 PRECEPTORS**

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Davis	Michael	MD	NW Women's Clinic	2222 NW Lovejoy # 619	Portland	OR	97210	(503) 229-7720
DeCastro	Roberto	MD	NW Women's Clinic	2222 NW Lovejoy # 619	Portland	OR	97210	(503) 229-7720
DeCastro	Enrique	MD	NW Women's Clinic	2222 NW Lovejoy # 619	Portland	OR	97210	(503) 229-7720
Dooley	Timothy	MD	Portland OBGYN	1130 NW 22nd # 120	Portland	OR	97210	(503) 229-7353
Girolami	Stephen	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242
Korman	Laura	MD	Portland OBGYN	1130 NW 22nd # 120	Portland	OR	97210	(503) 229-7353
Krishna	Saramati	MD	NW Women's Clinic	2222 NW Lovejoy # 619	Portland	OR	97210	(503) 229-7720
Kyle	Rebecca	DO	NW Women's Clinic	2222 NW Lovejoy # 619	Portland	OR	97210	(503) 229-7720
Moore	Linda	MD	Portland OBGYN	1130 NW 22nd # 120	Portland	OR	97210	(503) 229-7353
Ogryzlo	Karen	MD	Portland OBGYN	1130 NW 22nd # 120	Portland	OR	97210	(503) 229-7353
Olmstead	Drea	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242
Pew	Lisa	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242
Sang	Michelle	MD	Portland OBGYN	1130 NW 22nd # 120	Portland	OR	97210	(503) 229-7353
Schriinsky	Daniel	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242
Stewart	Marguerite	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242
Vick	Harold	MD	Women's Healthcare Associates	19250 SW 65th # 300	Tualatin	OR	97062	(503) 692-1242

Listed above are additional approved preceptors. Please make sure to operate in the GYN blocks you are scheduled to work in. You are expected to cover those blocks with those groups. If you notice your assigned block is empty, you can operate with another approved preceptor as long as you let your assigned block know ahead of time and double check they have nothing scheduled. You must also ask if it is OK with the other group or attending you wish to assist.