



# The Gyn Times

January  
2020

UCF/HCA GME CONSORTIUM GREATER ORLANDO OB/GYN RESIDENCY PROGRAM NEWS

IN THIS ISSUE

## Food Services & Budget

### Food Services

Osceola Regional has historically been the only GME hospital in HCA's North Florida Division that allows residents the privileged of access to the physician dining room. The dining room was expanded last year to accommodate this, and recently, a policy was also implemented allowing a certain amount per meal to be spent in the cafeteria.

In order to equalize the process across all Division hospitals, North Florida Division leadership recently instituted a "meal card" policy whereby all North Florida Division residents are given cards pre-loaded with a set amount of money at the beginning of the year to be utilized for food/nutrition when on shift.

However, Osceola Regional leadership feels strongly about continuing to allow residents the privilege of access to the physician dining room. So, our CEO and Division Leadership have compromised on a policy of continued access to the physician dining room in addition to \$600 pre-loaded on a dining card

annually. This \$600 will take the place of the "per meal" amount previously allowed in the cafeteria.

I hope we can all understand what a huge privilege this continued access is! Remember to continue to follow dining room policies regarding seating and only taking enough food/drink for one meal so that we don't lose our access.

Start date is pending as the card readers are being installed and cafeteria staff are being trained. Stay tuned!

### Budget

If there is anything that you are interested in utilizing budgetary funds for, please send an email to myself and Annie (together) with the item and the cost. I will reply-all to approve or deny the purchase (and suggest possible revisions). Once approved, Annie will start working on the payment process. Most things need to be paid via corporate card or invoicing HCA (which can take a little while to generate, so please ask as early as possible).



### Noteworthy News

Your spot for up-to-the minute news & views

Page 2

### CREOG Corner

A dose of education for your day

Page 2

### Cozy Cat Calendar

Know where to be and when to be there!

Page 3

### Research Road

Navigating the tides of research

Page 3

### Didactic Den

What's up and coming in the world of didactics

Page 4

# Noteworthy News

- New ACOG Practice Bulletins on:
  - ◆ Macrosomia
  - ◆ Vaginitis in Nonpregnant Patients
  - ◆ Pelvic Organ Prolapse
  - ◆ Female Sexual Dysfunction
  - ◆ Pregnancy and Heart Disease
  - ◆ Critical Care in Pregnancy
  - ◆ Fecal Incontinence
  - ◆ Obstetric Analgesia & Anesthesia
- Important Committee Opinions
  - ◆ Quantitative Blood Loss in Obstetric Hemorrhage (794)
  - ◆ Hereditary Cancer Syndromes & Risk Assessment (793)
  - ◆ Screening & Mgmt of the Hyperandrogenic Adolescent (789 & 785)
  - ◆ Human trafficking (787)
  - ◆ Prevention of Early-onset GBS Disease in Newborns (782)



- CREOG/APGO Annual Meeting – Orlando, FL
  - ◆ February 26-29, 2020
- ACGME Annual Educational Conference – San Diego, CA
  - ◆ February 27-29, 2020
- SGS Annual Scientific Meeting – Jacksonville, FL
  - ◆ March 29-April 1, 2020
- NASPAG Annual Clinical & Research Meeting – Grapevine, TX
  - ◆ April 2-4, 2020
- ACOOG Annual Conference – San Diego, CA
  - ◆ March 29-April 2, 2020
- ACOG Annual Clinical & Scientific Meeting – Seattle, WA
  - ◆ April 24-27, 2020

## CREOG Corner

### EXAM SCHEDULE

Thursday: Phan, Lewis, Kasper, Wright, Patel, Agarwal

Friday: Bestoyong, Jaya, Vesco, Janvier, Brown, Louis

### COVERAGE SCHEDULE

Thursday: OB-D = Bestoyong & Louis

OB-N = Kasper & Patel

Gyn = Jaya

VAMC = Janvier

Friday: OB-D = Phan & Agarwal

Gyn = Lewis & Wright

Bring snacks, water/drinks, lunch or money for lunch, pencils or pens



### CREOG STUDY RESOURCES

ACOG Prologs are wonderful, succinct, and portable resources for CREOG studying!

PROLOG Games

<https://www.acog.org/Clinical-Guidance-and-Publications/PROLOG/Games>

CREOG Quizzes:

<https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/CREOG-Quiz>

Countdown to CREOG

<https://learning.acog.org/creog/countdown>

Pearls of EXXcellence:

<https://www.excellence.org/pearls-of-excellence/list-of-pearls/>

## COZY CAT CALENDAR



1/16-17/20: CREOG Exam  
 1/22/20: Wellness Hour  
 1/24/20: REI Academic Half Day  
 1/27/20: M&M Conference  
 1/28/20: Set up e-Rx tokens  
 1/31/20: Reflection  
 2/7/20: Guest Lecture - Dr. Mehta (Psych D/C)  
 2/14/20: Onc Academic Half Day  
 2/17/20: MS3 Orientation  
 2/19/20: Guest Lecture - Infection Control  
 2/24/20: M&M Conference  
 3/6/20: MIGS Academic Half Day  
 3/13/20: Simulation Half Day  
 3/20/20: MATCH DAY!

## FAST FACTS

40%

December 2019 NSTV C section rate (Goal &lt; 33.3%)

We can do better!

28%

Overall 2019 NTSV C section rate (Q1-3) (Goal &lt; 33.3%)

100%

Q3 2019 PC-01 Elective Deliveries &gt; 39 Weeks (Goal 100%)



Don't forget to do your CITI & Healthstream training prior to starting any IRB paperwork!

IHI QI modules are required prior to starting PGY1-2 QI project!

Poster for QI presentation must be submitted to HCA for approval by April 30, 2020!

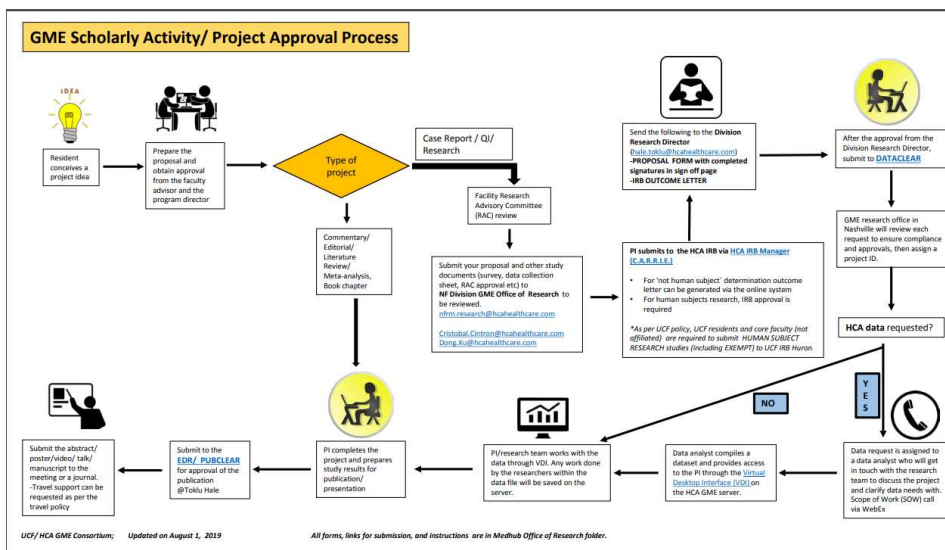
## Research Road

### HCA Scholarly Commons & PUBCLEAR

- Any research to be published or presented in any way must be submitted for approval through PUBCLEAR first which is now located on Scholarly Commons ([scholarlycommons.hcahealthcare.com](https://scholarlycommons.hcahealthcare.com))
- Allow 30-60 days for approval (know your deadlines!)
- In the Office of Research-GME folder on Medhub, under the Pubclear folder, there is a new Pubclear Guide for Scholarly Commons with helpful hints and tips – please review this before preparing submission
- Must utilize HCA-approved poster templates for any poster presentation

### Helpful Links!

- Medhub → Office of Research-GME folder → Case Report/QI/Research folder → "Scholarly Activity Steps – Explanatory Slides," "Protocol Form," and HCA IRB Manager (CARRIE) link
- Medhub → Office of Research-GME folder → HCA IRB (CARRIE) folder → "HCA IRB Manager Guide" and HCA IRB Manager (CARRIE) link
- Medhub → Office of Research-GME folder → Trainings (research/QI) folder → CITI Trainings & Healthstream Trainings links
- Medhub → Office of Research-GME folder → Travel folder → Travel request flowchart & Travel expense report form





# Venous Thromboembolism

Antepartum screening/treatment:

Clinical History	Risk Level	Management
<input type="checkbox"/> Low risk thrombophilia (isolated) <input type="checkbox"/> Low risk thrombophilia with family history of VTE <input type="checkbox"/> Prior <i>provoked</i> VTE*	LOW	No treatment
<input type="checkbox"/> Prior VTE idiopathic <input type="checkbox"/> Prior VTE with pregnancy or use of estrogen containing oral contraceptives <input type="checkbox"/> Prior VTE with low risk thrombophilia <input type="checkbox"/> Family history of VTE with high risk thrombophilia <input type="checkbox"/> High risk thrombophilia or APS	MEDIUM	Prophylactic dose LMWH or UFH
<input type="checkbox"/> Current VTE or other conditions requiring therapeutic dose of anticoagulation <input type="checkbox"/> Multiple prior VTE episodes <input type="checkbox"/> Prior VTE with high-risk thrombophilia <input type="checkbox"/> Prior VTE with APS	HIGH	Therapeutic dose LMWH or UFH Recommend co-management with maternal-fetal medicine and / or hematology specialist

© California Department of Public Health, 2018; supported by Title V funds. Developed in partnership with California Maternal Quality Care Collaborative Maternal Venous Thromboembolism Task Force. Visit: [www.CMQCC.org](http://www.CMQCC.org) for details

## DEFINITIONS

**Antiphospholipid syndrome (APS);** this diagnosis requires at least one clinical and one laboratory criteria are met

**Family History of VTE:** VTE occurring in a first-degree relative prior to age 50

**High risk thrombophilia:** Antithrombin III deficiency, Factor V Leiden or Prothrombin gene mutation homozygosity or compound heterozygosity

**Low risk thrombophilia:** Factor V Leiden or Prothrombin gene mutation heterozygosity, Protein C or S deficiency

**Mechanical prophylaxis:** Knee-length Sequential Compression Device (SCD)

**Prophylactic dose:** LMWH (Enoxaparin fixed dose 40 mg subcutaneous once a day) or UFH dosing trimester dependent.<sup>58</sup>

**Provoked VTE:** VTE associated with a temporary risk factor such as: Major/orthopedic surgery, indwelling catheter, or prolonged immobilization

**Therapeutic dose:** LMWH (Enoxaparin 1 mg/kg subcutaneous every 12 hours): Anti-factor Xa 0.6-1.0 units/mL 4-6 hours after injection with acute VTE or UFH 10,000 units subcutaneously or more every 12 hours: aPTT (1.5-2.5) 6 hours after injection.

**Note:** Dose adjustment may be considered with extremes of body weight (< 50 kg or > 90 kg). Additional detail is on page 16 in the Toolkit. Consultation and ongoing collaboration with Anesthesia is strongly recommended to individualize the choice and dose of pharmacological prophylaxis. If appropriate, low dose UFH 5000 units every 12 hours may facilitate neuraxial anesthesia.

Screening/treatment during admission:

Clinical History	Risk Level	Anticoagulation
<b>Encourage ambulation and avoid dehydration at all risk levels</b>		
All patients not in high risk category with anticipated admission < 72 hours	LOW	Mechanical prophylaxis placed on admission continue through discharge Reassess at 72 hours
All patients admitted not in high risk category with anticipated or actual length of stay ≥ 72 hours	MEDIUM	Mechanical prophylaxis placed on admission continue through discharge <b>PLUS</b> Prophylactic-dose LMWH or UFH in collaboration with anesthesia
High risk or Antiphospholipid Syndrome (APS), with no prior VTE, regardless of family history Prior provoked, idiopathic, or estrogen related VTE Low risk thrombophilia <b>AND</b> family history of VTE <b>OR</b> single prior VTE  <b>OR</b> Patients already receiving LMWH or UFH as outpatient Multiple prior VTE episodes Prior VTE and high risk or APS	HIGH	Mechanical prophylaxis placed on admission continue through discharge <b>PLUS</b> Prophylactic dose LMWH / UFH in collaboration with anesthesia  <b>OR</b> Mechanical prophylaxis placed on admission continue through discharge <b>PLUS</b> Prophylactic <b>or</b> Therapeutic dose LMWH / UFH consistent with antepartum dosing in collaboration with anesthesia

California Department of Public Health, 2018; supported by Title V funds. Developed in partnership with California Maternal Quality Care Collaborative Maternal Venous Thromboembolism Task Force. Visit: [www.CMQCC.org](http://www.CMQCC.org) for details

Screening/treatment after Cesarean:

Major VTE Risk Factors	Minor VTE Risk Factors
<input type="checkbox"/> BMI > 35 kg/m <sup>2</sup> @ delivery <input type="checkbox"/> Low risk thrombophilia <input type="checkbox"/> Postpartum hemorrhage requiring: <input type="checkbox"/> Transfusion or further operation, (e.g. hysterectomy, D&C) or interventional Radiology procedure <input type="checkbox"/> Infection requiring antibiotics <input type="checkbox"/> Antepartum hospitalization ≥ 72 hours, current or within the last month <input type="checkbox"/> Chronic medical conditions: Sickle Cell disease, Systemic Lupus Erythematosus, Significant Cardiac disease, active Inflammatory Bowel Disease, active cancer, Nephrotic syndrome	<input type="checkbox"/> Multiple gestation <input type="checkbox"/> Age > 40 <input type="checkbox"/> Postpartum hemorrhage ≥1000 ml but not requiring: <input type="checkbox"/> Transfusion or further operation, (e.g. hysterectomy, D&C) or interventional Radiology procedure <input type="checkbox"/> Family history of VTE (VTE occurring in a first-degree relative prior to age 50) <input type="checkbox"/> Smoker <input type="checkbox"/> Preeclampsia

Women with **one major or two minor risk factors** should receive in-hospital post cesarean pharmacologic prophylaxis

## Didactic Den

All Guest Lectures and Academic/SIM Half Days are required for attendance!

Attending lectures are required unless otherwise noted in monthly email.

Calendar						
Today February 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27 Morbidity & Mortality Conference 7:30 am	28 Set up e-Rx tokens with Richard & Lauren 7:30 am	29 ATTENDING LECTURE: Dr. Reina 7:30 am	30 Resident Meeting with Division GME Director, Cristin Hart 7:30 am	31 REFLECTION 7:30 am	1
2	3 PB REVIEW - 215 - Vaginitis - Vesco 7:30 am	4 Dr. Tramont? 7:30 am RESIDENT RANK LIST MEETING 7:30 am	5 ATTENDING LECTURE: Dr. Palazzolo 7:30 am	6 ATTENDING LECTURE: Dr. Ozcan 7:30 am	7 GUEST LECTURE: Drs. Myers & Mehta - Depression/Anxiety in Women & Psychiatric D/O in Pregnancy 7:30 am	8
9	10 PB/CO REVIEW 7:30 am	11 ATTENDING LECTURE: Dr. Figueroa 7:30 am	12 ANTEPARTUM CONFERENCE 8:00 am	13 TUMOR BOARD 7:30 am	14 SUBSPECIALTY HALF DAY - Onc 7:30 am JOURNAL CLUB 12:00 pm	15
16	17 MS3 Orientation Meeting with Dr. Osborne/Ozcan, Nursing 7:30 am	18 ATTENDING LECTURE: Dr. Osborne 7:30 am	19 GUEST LECTURE: Infection Control 7:30 am	20 RESIDENT LECTURE - Janvier - PPRM 7:30 am	21 BOOK CLUB 7:30 am	22
23	24 Morbidity & Mortality Conference 7:30 am	25 ATTENDING LECTURE: Dr. DeNardis? 7:30 am	26 PB/CO REVIEW 7:30 am	27 TUMOR BOARD 7:30 am	28 PB/CO REVIEW 7:30 am	29

# Wellness Way

by Michelle S. Ozcan, MD

We have some exciting events coming up this spring for our Wellness initiative!

In our upcoming Wellness Hours, we have plans to revisit our Gratitude Board, create seasonal crafts, prepare gift bags for our antepartum patients, and loosen up with some light early morning yoga. We also are planning a few events this spring, to include a trip to Orlando Tree Trek, some team-building laser tag, and our annual resident retreat.



Keep an eye out for the implementation of access to the online Cognitive Behavioral Therapy modules on MoodGym. Annie will be forwarding access info to you as soon as it is available. Remember that there are also many resources available online at <https://med.ucf.edu/academics/graduate-medical-program/trainee-wellness-program/> and <https://healthadvocate.personaladvantage.com/portal/landing?a=1>. The Health Advocate 24/7 assistance number is: 877-240-6863 and the National Suicide Prevention Lifeline is: 800-273-TALK (8255).

I'm looking forward to an exciting Spring 2020!

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