Complex Benign Gynecology Fellowship (CBGF)

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PROGRAM REQUIREMENTS FOR COMPLEX BENIGN GYNECOLOGY FELLOWSHIP

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REQUIREMENTS FOR A POST-GRADUATE FELLOWSHIP IN THE SUBSPECIALTY AREA OF COMPLEX BENIGN GYNECOLOGY

A. Introduction

CBG Fellowships in the US and outside the US (CBGF-International, CBGF-I) are intensive training programs preparing the graduate for the medical and surgical management of benign, complex gynecologic conditions. The CBG Fellowship Board is a Professional Interest Partner under the auspices of the AAGL and accredits all CBG and CBGF-I programs.

B. Mission

The mission of the fellowship is to provide a uniform training program for gynecologists who have completed residency in obstetrics and gynecology and desire additional knowledge and surgical skills in complex gynecology so they may: serve as a scholarly and surgical resource for patients and referring physicians; have the ability to care for patients with complex gynecologic surgical disease via minimally invasive techniques; establish sites that will serve a leadership role in advanced endoscopic and reproductive surgery; and further research in complex gynecologic surgery.

C. Goals

The overall goal of the fellowship is for the graduate to serve as an independent specialist and consultant in the medical and surgical management and techniques of advanced, benign, complex gynecologic conditions at a level surpassing competence expected by completion of a categorical residency.

D. Fellowship Training Program Requirements

The CBG Fellowship consists of a minimum of two years of continuous education, training, and research following completion of an obstetrics and gynecology residency.

1. Fellowship Program Director (PD)

The fellowship director is ultimately responsible for the design and implementation of the fellowship-training program. There must be a single fellowship director with authority and accountability for the operation of the program. The sponsoring institution (e.g., Designated Institutional Official, CMO), department chairperson and the CBG Fellowship Board must approve

106 the fellowship director. The fellowship director must have adequate time and
107 salary support for a minimum of 8 hours per week on average to oversee and
108 prioritize the training and have no conflicts of interest that could interfere with
109 this responsibility (e.g., serve as PD for another fellowship, CMO).
110
111 A dedicated program coordinator must be designated and have time
112 (minimum of 8 hours per week on average) to assist with administrative
113 aspects of the program receive compensation for time spent.
114
115 The fellowship director must:
116 1. Have surgical training and clinical experience
117 2. Have educational and administrative experience
118 3. Have documented scholarly expertise in complex gynecology by:
119 1. publication of at least one original research or systematic review
120 article in a peer-reviewed journal every year and at least two of the
121 three items within the past two years:
122 a. peer-reviewed funding
123 b. presentation at regional or national professional and
124 scientific society meetings
125 c. serve as a reviewer for a major journal
126 4. Maintain current certification in the obstetrics and gynecology specialty by
127 the applicable country of practice e.g., ABOG
128 5. Have completed an AAGL-accredited CBG Fellowship or possess
129 qualifications that are acceptable to the Fellowship Board[1]
130 6. Have current medical licensure and appropriate medical staff appointment
131 7. Have a minimum of 4 years' independent practice post-CBGF experience
132 8. Directly supervise the education and mentoring of fellows to ensure that
133 they receive the appropriate clinical instruction and training to provide
134 safe patient care
135 9. Ensure that each fellow completes the research requirements by assigning
136 a research mentor and monitoring compliance
137 10. Evaluate and document the fellow's performance as described below
138 11. File an Annual Report with the MIGS Board
139 12. Respond in a timely fashion (within ten days) to any inquiry made by the
140 CBG Fellowship Board or Site Review and Compliance committee

[1] CBGF -I program directors may demonstrate competency based on case list/experience

141 13. Ensure a safe learning environment
142 14. Ensure that the annual fees and any additional fees related to the
143 fellowship program are paid within 60 days of being due
144 15. Be an active member of the AAGL and in good standing
145
146 **2. Associated Program Director (APD) Requirements**
147 The fellowship director must identify at minimum one Associate Program
148 Director with defined responsibilities that includes acting on behalf of the
149 fellowship director if they are not available. Fellowship programs can identify
150 additional Associate Program Directors for oversight at additional training
151 sites (see below).
152
153 The APD(s) at the primary site must:
154 1. Be an AAGL member in good standing
155 2. Have a minimum of 2 years independent practice post ‐ CBGF experience
156 3. Maintain current certification in the obstetrics and gynecology specialty by the
157 applicable country of practice e.g., ABOG
158 4. Have current medical licensure and appropriate medical staff appointment
159 5. Have responsibilities educating and instructing the fellows either at the primary
160 or satellite training sites to ensure they receive the appropriate clinical exposure
161 and training to provide safe patient care
162 6. Participate in the semiannual evaluation process
163 7. Demonstrate two of three additional criteria below:
164 a. Document four pedagogical/teaching activities per year (e.g.,
165 resident/fellow didactics, presentation at meeting, grand rounds)
166 b. Document one scholarly/research activity per year (e.g., video or
167 research abstract, peer reviewed or non ‐ peer reviewed publication,
168 mentorship of or collaboration with fellow research project)
169 c. Document one leadership initiative per year on either a local, regional, or
170 national level (e.g., member of hospital or society committee)

If the fellowship director and Associate Program Director(s) are not able to provide training oversight, it will be the responsibility of the sponsoring institution and department to identify a qualified fellowship director who is available and willing to provide the fellow with the required training.

Fellowship Director Changes

The CBGF Board must approve a change in fellowship director. A letter must be sent electronically to the CBGF office (within 30 days) and indicate the resignation of the fellowship director and the appointment of an interim fellowship director until the matter has been considered by the Board. An application form (available upon request) must be completed that outlines the qualifications of the proposed fellowship director and potential changes to the educational environment. The Board reserves the right to require decline the request, ask for additional information and/or require a site visit.

3. *Core Faculty*

There must be adequate faculty that participate in the care of patients and the education of fellows with special interest, expertise, and scholarly activity related to complex, benign gynecology.

4. Facilities

1. All US-based CBGF programs (except for military programs) must be affiliated with an accredited training program(s) as required by the National Resident Matching Program (NRMP; www.nrmp.org). The educational program must be sponsored by an ACGME-accredited institution or participating site.[2]
2. The primary hospital facilities must be equipped to provide state-of-the-art inpatient and outpatient minimally invasive surgical experiences.
3. Sites must provide a private and clean location other than a restroom where fellows may lactate and store breast milk (i.e., refrigerator). These locations should be in close proximity to clinical responsibilities.
4. Clinical information systems or libraries and/or online information systems, including those relevant to the subspecialty, must be readily

[2] This requirement does not apply to CBGF -I programs.

205 available as resources for patient care and clinical research at the host
206 institution.
207 5. A breadth of skills and simulation training must be integrated into
208 fellowship instruction.
209 6. Research support must be readily available.
210 7. Fellows must be provided with dedicated, secluded academic space (i.e.,
211 fellow office) that is accessible and appropriately located within the clinical
212 environment
213 8. A program may utilize more than one patient–care facility. If more than
214 one site is used, there must be a Program Letter of Agreement (PLA) with
215 the ancillary site(s) and appropriate faculty, updated every 10 years. An
216 Associate Program Director may be designated to oversee fellow training
217 at each ancillary site. The ancillary site(s) will receive the same approval
218 period accredited to the program unless there are changes to the ancillary
219 site.
220 The Program Letter of Agreement (PLA) must:
221 A) Identify the faculty and possibly Associate Program Director who will
222 assume both educational and supervisory responsibilities for fellows
223 B) Specify responsibilities of the above faculty for teaching, supervision, and
224 formal evaluation of fellows
225 C) Specify the duration and content of the educational experience
226 D) Specify the fellow's responsibilities at the ancillary institution.
227
228 **E. Educational Objectives**
229 All Educational Objectives are directed toward the standardization of training in
230 complex gynecology. These objectives must be addressed in a structured and
231 systematic manner during the training period. The fellowship director must
232 ensure that fellows are provided and encouraged to complete the CBGF Core-
233 Reading List and surgical video curriculum.
234
235 **F. Curriculum**
236 1. Didactic. Education of fellows must include dedicated, structured, and
237 documented teaching conferences that review both the basic science and
238 clinical aspects of the specialty as outlined in the Educational Objectives and
239 facilitated by faculty. The fellow's schedule and responsibilities must be
240 structured and protected (i.e., free of clinical duties) to allow regular
241 attendance at didactics, simulation training, and national conferences. Fellows

242 must have progressive teaching responsibilities for resident physicians and
243 ideally with all types of learners (e.g., medical and/or nursing students).
244
245 2. Clinical. The clinical experience of inpatient and outpatient care must include
246 a sufficient number and variety of cases to fulfill the Educational Objectives.
247
248 A) The fellow must be involved with the preoperative planning and care, the
249 surgical care, and the postoperative management of surgical patients.
250 B) Surgical experience is particularly important and must be carefully
251 organized and supervised by the fellowship director and clinical faculty.
252 The fellow must be capable of performing all appropriate diagnostic and
253 therapeutic procedures relevant to the clinical practice of the subspecialty.
254 During the educational program, the fellow must be supervised in all
255 clinical activities, including surgical procedures. The CBGF Surgical
256 Competency List must be used and completed for each fellow by the end
257 of the fellowship training. Surgical procedures available for the fellow
258 must include but are not limited to: diagnostic and operative hysteroscopy,
259 diagnostic and operative laparoscopy, laparotomy, robotic surgery, and
260 ambulatory procedures. Additionally, the program must ensure fellow
261 competency by experience and/or simulation in multiple types of vaginal
262 surgery (e.g., prolapse repair, vaginal tissue extraction, vaginal septums,
263 vNOTES) including vaginal hysterectomy, the management of small and
264 large bowel concerns as it relates to complex gynecologic disease, and
265 gynecologic conditions that may impact fertility (e.g., uterine septum,
266 intrauterine adhesions, and uterine leiomyomas).
267 C) Fellowships must ensure that graduates perform the minimum number
268 and types of surgical cases prior to graduation as specified in the case
269 minimum list. Fellowship leadership must confirm on a biweekly basis that
270 cases are being appropriately entered into the case log system.
271 D) The majority of the fellow's clinical experience must be in complex, benign
272 gynecology. The first-year fellowship surgical experience should be broad
273 based, as outlined in the surgical competency list.
274 E) Programs may emphasize specific areas of specialization (e.g., pelvic pain)
275 as an augmentation to the core curriculum.
276 F) Programs must have an education over service educational milieu.
277
278

279 **Schedule**
280 The core 2-year fellowship must be structured and demonstrate a progression
281 in clinical and teaching responsibilities during the span of the program. A
282 weekly, monthly, and yearly clinical and educational schedule must be
283 prepared for both year -1 and -2 and available when requested. A third year
284 of training can be approved by the CBG Fellowship Board on a case-by-case
285 basis but must contain a unique educational experience with defined goals and
286 objectives.
287
288 **G. Research**
289 1. Research Training
290 It is required that the fellow complete a minimum of one course in clinical
291 research, research design, biostatistics, or epidemiology unless the fellow has
292 documentation of recent (i.e., within 10 years) graduate level coursework in
293 one or more of these topics or holds a graduate level degree in the required
294 area(s). This can be accomplished in a classroom setting or through a
295 fellowship director-approved online course. The institution must provide
296 financial support for a minimum of one research-related course.
297 Documentation of completion must be available upon request. Ideally, the
298 fellow may be given the opportunity to work towards an advanced degree
299 (e.g., MPH) or certificate in clinical research.
300
301 Research training must:
302 A) Provide structured translational, clinical or surgical research as applied to
303 complex, benign gynecology
304 B) Enhance the fellow's understanding of the latest scientific surgical
305 techniques
306 C) Promote the fellow's academic contributions to the specialty
307 D) Further the ability of the fellow to be an independent investigator
308
309 2. Research Projects
310 During training, the fellow will undertake an independent original research
311 project approved by the fellowship director. The sequence in which research
312 experience is integrated with clinical training will vary with each program but
313 should be initiated in the first year of fellowship training. A research mentor
314 who has expertise (i.e., proven track record of recent hypothesis-based
315 research publications) in clinical research and is available and regularly meets

(i.e., monthly) with and mentors the fellow must be appointed. Under the supervision of the research mentor, the fellow must complete, by the end of the final academic year, at least one IRB approved (if applicable) research project relevant to complex gynecology. This research project must be an original data-driven project, meta-analysis or a systematic review that conforms to PRISMA guidelines and ultimately must be submitted for publication to a peer-reviewed journal by the end of fellowship. Writing a textbook chapter, clinical opinion review article, or production of an educational/scientific video does not meet criteria for an approved research project. It is the expectation that the fellow thesis will result in a first-author publication.

H. Competencies

The fellowship director will provide training and evaluate the fellow according to the following competencies: patient care-clinical and surgical skills, knowledge base, practice-based learning, communication skills, professionalism, system-based practice (see Appendix 1), teaching skills, and scholarly research project development.

I. FELLOWSHIP DATES, LEAVE AND TRANSFER

Programs are commonly approved for a maximum of 2 fellows at any given time unless an expansion has been requested and granted by the CBG Fellowship Board. An increase in fellow complement will be considered if there exists adequate surgical volume, clinical experience, and research mentorship to support this expansion and that the current fellow experience will be enhanced. Additionally, the program cannot host competing non-CBGF trainees without CBG Fellowship Board approval.

START DATE

All fellows will be required to start on August 1st. Alternate start dates will be given individual consideration by the CBG Fellowship Board and may incur an administrative fee. If the start date is delayed for any reason, the fellow's program must still adhere to the minimum 20-month unrestricted clinical training requirements as described below. [3]

[3] Fellowships outside the US may have a different start date.

350

351 **Leaves of Absence or Interruption in Training**

352 Leaves of absence and vacation may be granted at the discretion of the Program
353 Director consistent with local institutional policy and applicable laws. The
354 number of days that equals a "week" is a local issue that is determined by the
355 institution and Program Director, not the Fellowship Board or AAGL. Vacation
356 weeks may be taken as part of approved leave or in addition to approved leave.
357
358 **Yearly leave**: The total of such vacation and leaves for any reason – including but
359 not limited to, vacation, medical parenting, caregiver, or personal leave - may
360 not exceed 12 weeks in any single year of fellowship. If the maximum weeks of
361 leave per fellowship year are exceeded, the fellowship must be extended for a
362 duration of time equal to that which the fellow was absent in excess of 12
363 weeks.
364
365 **Total leave**: In addition to the yearly leave limits, a fellow must not take a total
366 of more than:
367
368 1. 20 weeks (five months) of leave over three years for a 3-year fellowship.
369 2. 16 weeks (four months) of leave over two years for a 2-year fellowship.
370
371 If this limit is exceeded, the fellowship must be extended for a duration of time
372 equal to that which the fellow was absent in excess of 16 or 20 weeks. Such
373 extensions of training must have an educational plan outlined for the continued
374 training with specific educational and clinical experience goals and objectives to
375 be achieved.
376
377 Unaccrued personal time may not be used to reduce the actual time spent in a
378 fellowship, nor to "make up" for time lost due to medical or other leave. Time
379 missed for educational conferences does not count toward the leave thresholds.

380 **J. Transfer Policy**

381 A fellow may transfer from one CBG Fellowship program to another. To approve
382 the transfer, the CBG Fellowship Board must receive:
383 a) A letter from the fellow requesting the transfer
384 b) A letter from the current Fellowship Director:
385 i. Approving the transfer
386 ii. Outlining the number of completed months and the date the fellow will
387 leave the program
388 iii. Describing the rotations completed
389 iv. Assessing the level of competency to date
390 c) A letter from the Program Director of the potential (new) program:
391 i. Approving the transfer
392 ii. Outlining the dates the fellow is expected to commence and complete the
393 program
394 The fellow must still meet the 22-month clinical training requirement even if
395 portions of that interval are spent in more than one location. If the approved total
396 fellow positions will be exceeded at any time due to a transfer, an increase must
397 be approved prior to the transfer occurring.
398
399 **K. Requirements for Graduation**
400 Upon successful completion of the fellowship, each fellow will receive a certificate
401 of completion from the CBG Fellowship Board. If these requirements have not
402 been met by graduation, certification will be withheld until all requirements are
403 fulfilled.
404
405 Requirements for graduation will include:
406 1. Satisfactory unrestricted clinical and surgical training as outlined by the CBG
407 Fellowship Board
408 2. Completion of an original research project as described above.
409 3. Submit a scientific contribution to a national or international meeting. The
410 contribution can be a video, oral or poster presentation.
411 4. Completion of at least twenty-two months of training.
412
413 **L. EVALUATIONS**
414 The fellows, faculty, program director and program must be evaluated. All the
415 evaluations performed must be documented in writing, and evidence must be

416 available upon request.

417

418 **1. *Fellow Evaluations***

419 The Fellowship Director must formally evaluate a fellow's progress.
420 Assessment must include the regular and timely feedback to the fellow that
421 includes the evaluations of knowledge, skills, research, and professional
422 growth using appropriate criteria and procedures.

423

424 **Formative Evaluation** The supervising faculty must regularly evaluate (i.e.,
425 minimum of 5 evaluations/month per fellow) fellow performance in a timely
426 manner after clinical or surgical encounters and document this evaluation using
427 myTIPreport. The Program Director must perform an evaluation on each fellow
428 at least every six months. The evaluation must:

429 - Provide objective assessments of competence in patient care, medical
430 knowledge, practice-based learning and improvement, interpersonal and
431 communication skills, professionalism, and systems-based practice
432 - Use multiple evaluators (i.e., faculty, patients, self, and other professional
433 staff)
434 - Document progressive fellow performance improvement appropriate to
435 education level

436

437 **Summative Evaluation** The Program Director must perform a summative
438 evaluation on each fellow at the completion of the fellowship. This may replace
439 the final semi-annual evaluation. The evaluation must:
440 - Document the fellow's performance during the final period of education.
441 This document must be accessible the CBG Fellowship Board or its
442 designee.
443 - Verify that the fellow has demonstrated sufficient competence to practice
444 without direct supervision

445

446 **2. *Program Director and Faculty Evaluation***

447 The performance of each faculty member and Program Director must be
448 confidentially evaluated in written (typically electronic) format at least annually by each
449 fellow. This must include a review of the faculty's clinical teaching abilities, commitment
450 to the educational program, clinical knowledge, and professionalism.

451

452 **3.** ***Annual Program Evaluation***
453 A meeting to discuss the educational and research mentoring effectiveness of the
454 program and the curriculum must be held at least annually. The Fellowship
455 Director, program faculty, and at least one fellow must attend the meeting. The
456 discussion of the issues must be documented, and the results used to improve the
457 program. This document must be accessible the CBG Fellowship Board or its
458 designee.
459
460 During the evaluation process, the attendees must consider:
461 - Written comments by faculty and fellows
462 - Fellow performance
463 - Faculty performance
464 - The most recent GME report of the sponsoring institution (if applicable or
465 available)
466 - The recommended improvements generated from the previous annual
467 program evaluation
468 - Any additional material that can be used to judge the achievement of the
469 program's educational objectives
470
471
472 **M. INSTITUTIONAL COMMITMENT**
473 The fellowship director must provide evidence of institutional commitment to
474 support the fellowship. This is to include financial support, clinical environment
475 for education and adequate research facilities to fulfill CBGF requirements.
476
477 **N. POLICIES**
478 **1. Anti-Harassment Policy**
479 All faculty involved with fellowship training must be in compliance with AAGL's
480 policies to interact with each other for the purposes of professional
481 development and scholarly interchange so that all members may learn,
482 network, and enjoy the company of colleagues in a professional atmosphere.
483 Every individual associated with the AAGL has a duty to maintain this
484 environment free of harassment and intimidation. The program director must
485 indicate that they have read and will comply with AAGL's Anti-Harassment
486 policy in the annual report. If a complaint is made by a trainee, it shall be
487 addressed as set forth in the AAGL Anti-Harassment policy referenced above.
488 The complaint will be investigated and adjudicated by a committee appointed

according to the Grievance Committee Policy. Any reported allegations of harassment, discrimination, and/or retaliation will be taken seriously and investigated promptly, thoroughly, and impartially as outlined in the Anti-Harassment policy.

All program directors and associate program directors must complete sensitivity training every other year and document compliance in the annual report and at the site visit.

2. ***CBGF Grievance Policy (other than anti-harassment)***

Fellows that are concerned about their training experience may contact the CBGF grievance committee and are referred to the CBGF Grievance Policy. If a formal grievance is waged, it will be pursued and acted by the AAGL Grievance Committee and/or the CBGF Grievance Committee.

O. *Disciplinary Action / Due Process*

Types of Disciplinary Actions

Official disciplinary actions are probation, non-reappointment, or termination. In general, disciplinary action should follow the due process identified by the primary training site as is commonly distributed by the Department of Graduate Education. If any type of disciplinary action is taken, the CBG Fellowship Board must be notified. The CBG Fellowship Board requires the following sequence:

<u>Evaluation and feedback</u>

The fellow must be advised about deficiencies and the expectations for improvement must be clearly delineated. This must occur every semi-annual evaluation, but also may occur in an interval meeting if needed. The ability to provide useful feedback is contingent upon regularly completed written evaluations of the trainee. The fellowship director needs to provide clear guidance to the training faculty as to the types and frequencies of evaluations expected from them. Verbal feedback from a faculty member to the fellowship director regarding a trainee, either positive or negative, must be followed up with a written communication for the trainee's file.

<u>Warning</u>

When a trainee has been advised about deficiencies but fails to make sufficient

improvement, he/she may be warned that continued lack of improvement may result in probation. This information must be provided to the trainee in person and in writing.

Probation

Clearly suboptimal academic and/or clinical performance may warrant probation. The action must be explained to the fellow in person and in writing. Expectations for improvement, the methods for evaluating improvement, the anticipated duration of probation, and possible future actions must be delineated. The trainee must be advised that their academic file is always available for review and that he/she may appeal the decision. The trainee should be offered counseling. A sample probationary letter is available from the CBG Fellowship Board but is subject to local variation.

Non-reappointment/Termination

A trainee's failure to remediate suboptimal academic and/or clinical performance may warrant a decision not to reappoint the trainee at the end of the current training year, or, in unusual circumstances, to terminate the contract immediately. The action must be explained to the fellow member in person and in writing. As with a probationary letter, the trainee must be advised that their academic file is always available for review and that he/she may appeal the decision. The trainee must be offered counseling. A sample non-reappointment or termination letter is available from the CBG Fellowship Board but is subject to local variation.

Termination without an intervening period of probation should be reserved for a serious deviation from acceptable academic and clinical performance (e.g., dereliction of duty) that endangers patient care.

The Purpose of Disciplinary Actions

The objective of academic discipline is remediation. Thus, the terms of probation should always be carefully devised to ensure that the trainee can attain the desired improvement and that methods for evaluating that improvement are robust and as objective as possible.

Timing issues

560 A probationary period must be long enough to permit a thorough evaluation of
561 progress. Except in unusual circumstances, a period of at least 3-4 months is
562 required. The date on which the trainee's status will be reconsidered should be
563 picked considering possible future actions, such as non-reappointment, so that
564 ideally the trainee will have ample opportunity to find a different training program
565 before the end of the training year. Alternatively, if a trainee's lack of progress
566 requires a period of probation late in the training year, there should be
567 consideration of extending the current training year until a decision regarding
568 adequacy of remediation can be made.
569

570 **P.** ***Accreditation of Fellowship Programs***

571 All new fellowship programs must apply to the CBG Fellowship Board. Programs
572 that have demonstrated substantial compliance with the program requirements
573 will receive accreditation.
574

575 Fellowship programs will be evaluated continuously for compliance with the
576 program requirements. If a program is found to have areas of non-compliance
577 (i.e., deficiencies or areas of concern), the CBG Fellowship Board will list these
578 citations and expect the program to come into compliance in the period
579 designated. Based on the number, severity and/or persistence of these citations,
580 a program may be given a warning, placed on probation or accreditation may be
581 withdrawn. Fellowships on probation may not recruit for fellows and must notify
582 the current fellows.
583

584 If there are any significant or unexpected changes in the program or status of the
585 fellow (e.g., change in the number of fellow positions, fellowship director, key
586 faculty members, patient volume and procedures; changes in clinical sites or
587 closure of major research programs), the CBG Fellowship Board must be notified
588 electronically within 30 days (cbgf@aagl.org).
589

590 **Q.** ***Fatigue Monitoring and Mitigation/Duty Hours***

591 The CBG Fellowship Board requires that the ACGME Fatigue Mitigation and duty
592 hour guidelines are followed. Detailed information can be accessed at:
593 https://www.acgme.org/programs-and-institutions/programs/common-

594 program-requirements/Summary-of-Proposed-Changes-to-ACGME-Common-
595 Program-Requirements-Section-VI/

596

597 .
598 Policies and procedures related to duty hours for fellows must be distributed to
599 the fellows and faculty and the program must:
600 1. Monitor according to the program policy, with a frequency sufficient to
601 ensure duty hour compliance
602 2. Ensure the provision of back up support systems for patient care
603 3. Educate core faculty members and fellows to recognize the signs of fatigue
604 and sleep deprivation
605 4. Monitor the demands of day, night, OB (if applicable), moonlighting and/or
606 at-home call and intervene as necessary to mitigate excessive service
607 and/or fatigue

608 **R. *Stipend and Benefits*[4]**

609 Fellows must be provided a stipend which must be at the minimum equivalent to
610 a PGY-5, -6 or -7 house staff officer in the geographic region of the program.
611 Candidates invited for an interview are to be informed, in writing or by electronic
612 means, of the terms, conditions, and benefits of their appointment, including
613 stipend and other financial support; vacations; parental, sick, and other leaves of
614 absence.
615

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[4] *CBGF-I Stipend and Benefits*

Prior to an interview, candidates invited for an interview are to be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including possible stipend and other financial support; vacations; parental, sick and other leaves of absence. The CBGF-I training program must ensure that irrespective of the rotation site, the fellow has the financial means to support themselves during training, will not be liable should a legal defense be required, has the means and support to perform research, has health insurance.

The CBGF-I program must inform the candidate about whether the following recommended benefits are provided travel to the Global Congress of the AAGL, Bootcamp and attendance at the CBGF webinars.

The following benefits are required:

1. The fellowship must provide fellows with health, disability and professional liability coverage at all sites and all pertinent information regarding this coverage. Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the fellows are within the scope of the program(s). Specify if liability coverage is provided for external rotations/electives. Research associated costs (e.g., IRB, equipment, publication) must be covered.

The program must provide time and support for:

1. Travel to the Global Congress of the AAGL
2. CBGF Bootcamp
3. “live” attendance at the CBGF webinars (i.e., >75%)

It is the expectation that programs will not require their fellows to sign a non-compete agreement or restrictive covenant. If the program does require a restrictive covenant clause, they must notify both the CBG Fellowship Board and notify (in writing) all applicants before an initial interview is scheduled.

S. Application Process

The CBG Fellowship Board actively encourages applications from Obstetrician-Gynecologist physicians aspiring to develop their surgical skills in complex, benign gynecology. Please see the website for details of the deadline dates. Application will be available online at the Fellowship webpage.

Applications for programs interested in becoming a fellowship training site, are also available on the Fellowship webpage, or by contacting the Fellowship Administrative Assistant at the Fellowship office.

T. Match[5]

The US Fellowship match is conducted through an objective computer matching program (NRMP). Programs and applicants are required to use the match process. No candidate at any time can be offered a position outside the NRMP

[5] CBGF non-US programs are not required to participate in the NRMP match process.

651 match without prior approval from the CBG Fellowship Board. If a fellowship
652 program intends to accept a specific candidate outside the match (e.g., graduating
653 resident from their program), they must contact the CBGF NRMP representative,
654 obtain CBG Fellowship Board approval for the match waiver and avoid subjecting
655 other candidates to the unnecessary burdens of interviewing.
656
657 The match provides a uniform time for both applicants and fellowship programs
658 to make selection decisions without coercion, undue or unwarranted pressure.
659 Both applicants and fellowship programs may express their interest in each other;
660 however, they shall not solicit verbal or written statements implying a
661 commitment. Applicants shall always be free to keep confidential the names or
662 identities of programs to which they have or may apply. Any violations will be
663 addressed by the CBG Fellowship Board and will be subject to consequences as
664 determined by the CBG Fellowship Board.
665

666 **U. Further Information**

667 For further inquiries, please contact the CBGF Administrative Office:
668 6757 Katella Avenue, Cypress, CA 90630 ‐ 5105 USA.
669 Ph: (800) 554 ‐ 2245 or (714) 503 ‐ 6200 · Fax: (714) 503 ‐ 6202
670 E-Mail: cbgf@aag.org • Website: https://aagl.org/cbgf
671

672
673 **V. Appendix 1: Competencies**
674
675 1. Patient Care
676 Fellows must be able to provide patient care that is compassionate,
677 appropriate, and effective for the treatment of health problems and the
678 promotion of health. Fellows must demonstrate competence in:
679 A) Evaluating a patient's complaint, providing an accurate examination,
680 employing appropriate diagnostic tests, arriving at a correct diagnosis, and
681 recommending the appropriate treatment
682 B) The essential areas of benign gynecology including:
683 • normal physiology of reproductive tract
684 • gynecologic management during pregnancy
685 • gynecologic surgery and complications management
686 • management of critically ill patients
687 • gynecologic pathology
688 • the full range of commonly employed diagnostic procedures, including
689 ultrasonography, Computed Tomographic (CT) Magnetic Resonance
690 Imaging (MRI) and other relevant imaging techniques
691
692 2. Medical Knowledge
693 Fellows must demonstrate knowledge of established and evolving medical,
694 clinical, epidemiological, and social-behavioral sciences, as well as the
695 application of this knowledge to patient care.
696 Fellows must demonstrate knowledge in:
697 A) Reproductive health care, diagnosis, management, consultation, and
698 referral
699 B) The fundamentals of basic science as applied to complex, benign
700 gynecology
701 C) Applied surgical anatomy and pathology
702 D) Basics of risk-benefit analysis, epidemiology, statistics, data collection and
703 management, and use of medical literature and assessment of its value
704
705
706
707
708

709 3. Practice-based Learning and Improvement
710 Fellows must demonstrate the ability to investigate and evaluate their care of
711 patients, to appraise and assimilate scientific evidence, and to continuously
712 improve patient care based on constant self-evaluation and life-long learning.
713 Fellows are expected to develop skills and habits to be able to meet the
714 following goals:
715 A) Identify strengths, deficiencies, and limits in one's knowledge and
716 expertise
717 B) Set learning and improvement goals
718 C) Identify and perform appropriate learning activities
719 D) Systematically analyze practice using quality improvement methods, and
720 implement changes with the goal of practice improvement
721 E) Incorporate formative evaluation feedback into daily practice
722 F) Locate, appraise, and assimilate evidence from scientific studies related to
723 their patient's health problems
724 G) Use information technology to optimize learning
725 H) Participate in the education of patients, families, students, residents and
726 other health professionals
727
728 4. Interpersonal and Communication Skills
729 Fellows must demonstrate interpersonal and communication skills that result
730 in the effective exchange of information and collaboration with patients, their
731 families, and health professionals.
732 Fellows are expected to:
733 A) Communicate effectively with patients, families, and the public, as
734 appropriate, across a broad range of socioeconomic and cultural
735 backgrounds
736 B) Communicate effectively with physicians, other health professionals,
737 and health related agencies
738 C) Work effectively as a member or leader of a health care team or other
739 professional group
740 D) Act in a consultative role to other physicians and health professionals;
741 E) Maintain comprehensive, timely, and legible medical records, if
742 applicable
743 F) Have the fundamentals of good medical history taking and thoughtful,
744 meticulous physical examination
745 5. Professionalism

746 Fellows must demonstrate a commitment to carrying out professional
747 responsibilities and an adherence to ethical principles. Fellows are expected
748 to demonstrate:
749 A) Compassion, integrity, and respect for others
750 B) Responsiveness to patient needs that supersedes self-interest
751 C) Respect for patient privacy and autonomy
752 D) Accountability to patients, society and the profession
753 E) Sensitivity and responsiveness to a diverse patient population,
754 including but not limited to diversity in gender, age, culture, race,
755 religion, disabilities, and sexual orientation
756 F) Ethics and medical jurisprudence
757
758 6. Systems-based Practice
759 Fellows must demonstrate an awareness of and responsiveness to the larger
760 context and system of health care, as well as the ability to call effectively on
761 other resources in the system to provide optimal health care.
762 Fellows are expected to:
763 A) Work effectively in various health care delivery settings and systems
764 relevant to their clinical specialty
765 B) Coordinate patient care within the health care system relevant to their
766 clinical specialty
767 C) Incorporate considerations of cost awareness and risk-benefit analysis
768 in patient and/or population-based care as appropriate
769 D) Advocate for quality patient care and optimal patient care systems
770 E) Work in inter-professional teams to enhance patient safety and
771 improve patient care quality
772 F) Participate in identifying system errors and implementing potential
773 systems solutions
774
775