

WOMEN’S HEALTH & OBSTETRICAL TRACK (PGY 1, 2, 3)

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DESCRIPTION OF EDUCATIONAL EXPERIENCE

During the course of their residency, Family Medicine residents participating in the obstetrical track will care for normal and high risk obstetrical patients during the antepartum, intrapartum, and postpartum periods, obtain OR experience, perform targeted ultrasounds, perform chart reviews, teach during the Mini-ALSO Course and lead Maternity Care Case Conferences. Residents will be expected to perform at least 10 continuity obstetric deliveries including care of the infant. In addition, residents participating in the obstetrical track will spend an additional 4 week block during the PGY 3 year working in the outpatient setting as well as labor and delivery with Family Medicine faculty, obstetric faculty, and nurse midwives to gain additional experience.

EDUCATIONAL GOAL

The obstetrical track curriculum provides Family Medicine residents with an accelerated obstetrical experience within Family Medicine. This accelerated experience will prepare residents for additional opportunities for obstetrical care after graduation including fellowship opportunities and job opportunities that include FM/OB care. During the course of their residency, Family Medicine residents will have a longitudinal experience in managing normal and high risk pregnancies during the antepartum, intrapartum, and postpartum periods and participate in obstetrical emergencies.

LEARNING OBJECTIVES

PATIENT CARE

Goal

Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The resident is expected to:

Competencies

- Provide care for obstetric patients in urgent and emergent situations in all settings
- Perform appropriate procedures to meet the health care needs of individual patient, families, and communities and is knowledgeable about procedures performed by other specialists to guide patient care

Objectives

- Perform a detailed history and physical exam
- Develop appropriate differential diagnoses related to the pregnancy state
- Develop appropriate management plan for obstetrical patients
- Consistently recognize common pregnancy conditions that require urgent or emergent intervention
- Recognize, manage, and refer when indicated, obstetrical complications during the antepartum, intrapartum, and postpartum periods
- Perform intrapartum procedures such as amniotomies, placement of fetal scalp electrodes, placement of intrauterine pressure catheters
- Demonstrate proper use of equipment in assisted vaginal deliveries
- Assist in Caesarean deliveries
- Manage at least 40 obstetrical patients in the inpatient setting
- Provide prenatal care to at least 10 continuity patients in the outpatient setting
- Coordinate care of maternity care patients with appropriate consultants and community services

MEDICAL KNOWLEDGE

Goal

Residents must demonstrate knowledge of established and evolving biomedical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident is expected to:

Competencies

- Demonstrate medical knowledge of sufficient breadth and depth to practice Maternity Care within Family Medicine
- Apply critical thinking skills in maternity patient care

Objectives

- Demonstrate knowledge in Maternity Care on the IN-Training Exam (ITE) by scoring >60th percentile
- Apply decision making skills while caring for obstetrical patients and their newborn in the outpatient and inpatient setting
- Demonstrate knowledge of common obstetrical complications including gestational diabetes, hypertensive disorders of pregnancy, post-partum hemorrhage, non-reassuring fetal heart tones, etc.
- Correctly interpret maternal and fetal monitors during the antenatal period
- Anticipate and describe expected and unexpected outcomes of obstetrical patients and their newborns
- Apply medical knowledge to specific obstetrical population to make clinical decisions

PRACTICE-BASED LEARNING AND IMPROVEMENT

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. The resident is expected to develop skills and habits and be able to:

Competencies

- Demonstrates self-directed learning with respect to maternity care

Objectives

- Asks for feedback and uses feedback to improve learning
- Uses evidence based guidelines to practice maternity care
- Identify individual and system based limitations in patient care and propose solutions for improvement

SYSTEMS-BASED PRACTICE

Goal

Residents must demonstrate an awareness and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. The resident is expected to:

Competencies

- Emphasize safety in the care of obstetric patients
- Coordinate team based care of obstetrical patients

Objectives

- Categorize obstetrical patients as low risk or high risk

Educational Goals and Learning Objectives

- Identify risks of Family Medicine obstetrical patients and provide recommendations for care to colleagues
- Perform chart reviews of Family Medicine obstetrical patients
- Recognize medical errors and their potential causes in order to prevent errors
- Develop plans to improve patient safety and patient care
- Engages the appropriate care team to provide patient centered medical care for obstetric patients and their newborns
- Establishes an ongoing relationship with continuity patients
- Accepts responsibility for maternity care patients and coordinates care with appropriate team members
- Accepts responsibility for personal errors and actively engages to prevent future recurrences

PROFESSIONALISM

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. The resident is expected to demonstrate:

Competencies

- Demonstrates professional conduct and accountability
- Demonstrates humanism and cultural proficiency

Objectives

- Presents himself/herself in a respectful and professional manner
- Completes responsibilities related to patient care
- Completes clinical and administrative tasks promptly
- Negotiates professionally within an interdisciplinary team to provide quality patient care
- Recognizes the impact of culture on health in patients
- Incorporates patients' beliefs and values into patient care plans
- Partners with patients to meet their health care needs

INTERPERSONAL AND COMMUNICATION SKILLS

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. The resident is expected to:

Competencies

- Develops meaningful relationships with patients and families
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds

Educational Goals and Learning Objectives

- Communicate effectively with physicians, other health professionals, and health-related agencies
- Maintain comprehensive, timely, and legible medical records

Objectives

- Use open ended questions
- Demonstrate empathy
- Offer information in a neutral, nonjudgmental manner
- Builds rapport with a growing panel of continuity patients and families
- Maintains a commitment to patient-centered care by demonstrating respect of patient health care goals
- Interact collaboratively with the medical team demonstrating respect evidenced by listening attentively, sharing information, and giving and receiving constructive feedback
- Complete medical records within 24 hours of the encounter that reflect the depth of the service provided

TEACHING METHODS

The primary venues for this content and these competencies include:

- Longitudinal clinical sessions throughout the PGY 1, 2, 3 years
- Didactic sessions and procedure workshops on maternity care topics
- Maternity Care Case Conference
- Role model “Resident As Teacher” as a facilitator during the yearly Mini-ALSO Course
- A 4 week elective block rotation during PGY 3 year
- Hospital experience with delivery and care of maternity patients and their newborns supervised by Family Medicine faculty, Obstetricians, and Midwives

EVALUATION METHODS (RESIDENTS)

The resident will be evaluated by the primary faculty based on the standard six levels of competency. The attending faculty will observe the resident’s skill and competence directly in the patient care context and in the learning environment as the source of information for faculty evaluation. An evaluation form is completed at the end of the rotation by each of the supervising faculty. Other methods include, but are not limited to:

- Global clinical performance rating
- Direct observation of patient encounters
- Performance on cognitive test (in-training exam)
- Maternity Case Conference Presentation
- Patient procedure Logs
- Patient Simulations

EVALUATION METHODS (PROGRAM)

Assessment methods used to evaluate the program will include:

- Evaluation of Rotation form
- Information feedback sessions, such as resident meetings, resident representation on curriculum committee, and annual retreat
- Track acceptance rates into OB Fellowships and residents providing obstetric care after graduation

LEVEL OF SUPERVISION

Residents are under continuous direct supervision of the clinic director, clinic faculty, and hospital faculty.

RESOURCES

Funding Opportunities

AAFP Family-Centered Maternity Care Live Course (Resident \$600 registration)

Offered every other year

Suggested Modules

AAFP Women's Health Self- Study Package

<https://www.aafp.org/cme/browse/topic.tag-women.html>

Recommended Readings

Maternity Care Toolbox 2018

https://eclass.utmb.edu/webapps/blackboard/execute/modulepage/view?course_id=1101_1&campus_id=3471_1&mode=view

Spontaneous Vaginal Delivery (8/1/2008)

<http://www.aafp.org/afp/2008/0801/p336.html>

Upright vs. Recumbent Maternal Position During First Stage of Labor (2/1/2010)

<http://www.aafp.org/afp/2010/0201/p285.html>

Preventing Postpartum Hemorrhage: Managing the Third Stage of Labor (3/15/2006)

<http://www.aafp.org/afp/2006/0315/p1025.html>

Educational Goals and Learning Objectives

Planning for Labor and Vaginal Birth After Cesarean Delivery: Guidelines from the AAFP (2/1/2015)

<http://www.aafp.org/afp/2015/0201/p197.html>

Preterm Labor (02/15/2010)

<http://www.aafp.org/afp/2010/0215/p477.html>

Magnesium Sulfate for Prevention of Preterm Birth (4/1/2015)

<http://www.aafp.org/afp/2015/0401/p444.html>

Oxytocin Augmentation During Labor with Epidural Analgesia (6/1/2013)

<http://www.aafp.org/afp/2013/0601/p760.html>

Intrapartum Fetal Monitoring (12/15/2009)

<http://www.aafp.org/afp/2009/1215/p1388.html>

Cesarean Delivery: Counseling Issues and Complication Management (2/1/2015)

<http://www.aafp.org/afp/2015/0201/p178.html>

Labor Analgesia (3/1/2012)

<http://www.aafp.org/afp/2012/0301/p447.html>

Shoulder Dystocia (4/1/2004)

<http://www.aafp.org/afp/2004/0401/p1707.html>

ACOG Guidelines for Management of Post Dates Pregnancy (12/1 2004)

<http://www.aafp.org/afp/2004/1201/p2221.html>

Suggested References

Gary Cunningham, et al. Williams Obstetrics. 23rd edition, McGraw-Hill Professional

Gabbe, S. et al., Obstetrics: Normal and Problem Pregnancies 5th ed., Churchill Livingstone

Educational Goals and Learning Objectives

	Monday	Tuesday	Wednesday	Thursday	Friday
	THC AM	8a-1p <i>assigned clinic</i>	L & D AM	URO/GYN	8a-1p <i>assigned clinic</i>
Week 1	GHD PM	1p-5p <i>assigned clinic</i>	OB Ultrasound	1p-5p FM Didactics	1p-5p <i>assigned clinic</i>
	THC AM	8a-1p <i>assigned clinic</i>	L & D AM	URO/GYN	8a-1p <i>assigned clinic</i>
Week 2	GHD PM	1p-5p <i>assigned clinic</i>	OB Ultrasound	1p-5p FM Didactics	1p-5p <i>assigned clinic</i>
	THC AM	8a-1p <i>assigned clinic</i>		LRC Modules	8a-1p <i>assigned clinic</i>
Week 3	GHD PM	1p-5p <i>assigned clinic</i>	COLPO Gatesville/ TC	1p-5p FM Didactics	1p-5p <i>assigned clinic</i>
	THC AM	8a-1p <i>assigned clinic</i>		LRC Modules	8a-1p <i>assigned clinic</i>
Week 4	GHD PM	1p-5p <i>assigned clinic</i>	COLPO Gatesville/ TC	1p-5p FM Didactics	1p-5p <i>assigned clinic</i>

Women's Health and Obstetrics Track Timeline

1. Intern Year
 - a. Express interest in Women's Health and Obstetrics
 - b. Complete OB 1 rotation with good standing
2. 2nd Year
 - a. Complete OB 2 rotation with good standing
 - b. Complete Women's Health rotation with good standing
 - c. Help lead Maternity Care Case Conference
 - d. 1st call resident to assist with Family Medicine C-sections
3. 3rd Year
 - a. Complete additional elective in Women's Health/OB
 - b. Complete 10 continuity deliveries
 - c. Complete 40 total deliveries (vaginal + C-section)
 - d. Complete additional elective in Women's Health/Obstetrics
 - e. Help lead Maternity Care Case Conference
 - f. Role model "Resident As Teacher" as a facilitator during the yearly Mini-Also Course
 - g. 1st call resident to assist with Family Medicine C-sections

Cost for Program:

1. Purchase of Women's Health Self-Study Package for the Residency Program (\$645.00)
 - a. Cost- \$645.00
 - b. This may need to be purchased every 3-5 years to stay up-to-date on current recommendations and guidelines
2. Resident to attend AAFP Maternity Care Live Conference
 - a. Cost- \$600.00 (registration)/resident
 - i. Residency Program to cover registration fee up to \$600.00
 - ii. Resident to cover hotel and airfare through discretionary
 - b. Offered every other year

Funding Opportunities for Resident

1. See above for AAFP Maternity Care Live Conference

Educational Goals and Learning Objectives

Rotation	Block
PGY 3	
OB/WH	1
Practice Management	2
FMC	3
Elective	4
HOS	5
Ortho 2	6
AM Peds 2	7
HOS	8
Neuro	9
Board Prep	10
Nephro	11
Elective	12
Uro/Ent	13