

Sioux Falls Family Medicine Residency Women's Health Fellowship (PGY4)

Goals:

1. Gain competence in operative obstetrics including cesarean sections, operative vaginal deliveries, and preoperative and postoperative care for patients.
2. Improve competence in the management of high risk pregnancies.
3. Increase outpatient gynecologic procedure skills.
4. Increase OB ultrasound skills.
5. Participate in neonatal resuscitation of the newborn.
6. Teach obstetric knowledge and skills to family medicine residents in both the inpatient and outpatient settings.
7. Increase family medicine outpatient skills.

Competency-Based Milestones:

At the completion of the fellowship year, family medicine PGY4s will demonstrate competency in the following:

1. Understand indications and complications of cesarean section (Medical Knowledge, Practice-Based Learning and Improvement)
2. Explain the risks and benefits of cesarean section to patients to obtain culturally-sensitive consent for the procedure (Interpersonal and Communication Skills)
3. Be able to safely perform scheduled, urgent, and emergent cesarean section (Medical Knowledge, Patient Care and Procedural Skills)
4. Understand indications, risks, and benefits of operative vaginal delivery (Medical Knowledge, Practice-Based Learning and Improvement)
5. Explain the risks and benefits of operative vaginal delivery to patients to obtain culturally-sensitive consent for the procedure (Interpersonal and Communication Skills)
6. Be able to safely perform operative vaginal delivery (Medical Knowledge, Patient Care and Procedural Skills)
7. Triage L&D patients appropriately and in a culturally-sensitive manner (Medical Knowledge, Interpersonal and Communication Skills)
8. Understand indications, forms, and limitations of labor induction (Medical knowledge, Patient Care and Procedural Skills, Practice-Based Learning and Improvement)
9. Demonstrate knowledge of epidemiology, pathophysiology, appropriate testing, and treatment for common pregnancy complications such as hypertension, preeclampsia, diabetes, preterm labor, premature rupture of membranes, and vaginal bleeding in pregnancy (Medical Knowledge, Patient Care and Procedural Skills)
10. Assist in transfer of high-risk antepartum patients from rural sites to Avera McKennan (Systems-Based Practice)
11. Management of high-risk antepartum patients in conjunction with MFM specialists (Medical Knowledge, Patient Care and Procedural Skills, Systems-Based Practice)
12. Demonstrate skill with obstetrical ultrasound in determination of AFI, placental location, fetal presentation, and obstetrical dating (Patient Care and Procedural Skills)

13. Management of routine, urgent, and emergent laboring patients (Medical Knowledge, Patient Care and Procedural Skills)
14. Management of intrapartum complications such as intraamniotic infection, non-reassuring fetal heart tones, malpresentation, shoulder dystocia, and postpartum hemorrhage (Medical Knowledge, Patient Care and Procedural Skills)
15. Perform advanced perineal repairs including third and fourth degree laceration repair as well as cervical laceration repair (Patient Care and Procedural Skills)
16. Identify and treat common postpartum complications such as delayed postpartum hemorrhage, preeclampsia, and endometritis (Medical Knowledge, Patient Care and Procedural Skills)
17. Identify and treat common postoperative complications such as endometritis, wound infection, and ileus (Medical Knowledge, Patient Care and Procedural Skills)
18. Assessment of the neonate at time of delivery with Apgar scores and determination of the need for neonatal resuscitation (Medical Knowledge, Patient Care and Procedural Skills)
19. Perform neonatal resuscitation and stabilization for distressed newborns (Medical Knowledge, Patient Care and Procedural Skills)
20. Perform outpatient gynecologic procedures including colposcopies, endometrial biopsies, and management and placement of LARC (Patient Care and Procedural Skills)
21. Supervise and educate family medicine residents in prenatal care, L&D triage, labor induction and management (Systems-Based Practice, Medical Knowledge)
22. Communicate effectively with patients, demonstrating active listening skills, a respectful approach to issues that may be sensitive for women, and collaborative care planning with the patient (Interpersonal and Communication Skills, Professionalism)
23. Consult and communicate appropriately with obstetrician-gynecologists (OB-GYNs), maternal-fetal medicine specialists, and allied health care professionals to provide optimum health services for women (Medical Knowledge, Systems-Based Practice)

These milestones will be evaluated through the following learning activities and responsibilities:

1. Manage low- and high-risk laboring patients
 - a. Supervise resident admissions and management of antepartum and postpartum patients.
 - b. Interpret fetal heart tracings and implement appropriate treatment when needed.
 - c. Teach family medicine residents basic obstetric skills including triage evaluation, cervical examinations, IUPC/FECG/cervical ripening balloon placement, vaginal deliveries, laceration repairs, shoulder dystocia, and postpartum hemorrhage.
 - d. Participate in daily MFM rounds on L&D.
 - e. Participate in a minimum of 80 vaginal deliveries (may be in an educational role with family medicine residents).
 - f. Maintain presence on L&D to be available for complex labors, operative deliveries, and emergency cesarean sections if not scheduled to be in outpatient clinic.
 - g. Take OB call on L&D one day per week, one weekend per 4-week block.
 - h. If no laboring patients, work on teaching activities or lectures, or assist in GYN/CFM/MFM clinic.

2. Assess for indications, risks, and benefits of cesarean section and perform a minimum of 100 cesarean sections as the primary surgeon.
 - a. Be present for all 0730 scheduled cesarean sections.
 - b. Complete H&P, consents, and orders pertaining to operative patients, and meet patient prior to surgery start time.
 - c. Be present to scrub in on all cesarean sections while scheduled on labor and delivery.
 - d. Round on all postoperative patients.
3. Staff family medicine OB clinic 1 half-day per 2 weeks.
4. Family medicine continuity clinic 2 half-days per week.
5. Participate in NRP with the NICU team (especially encouraged if not actively delivering or supervising a delivery).
6. Participate in outpatient obstetric and gynecologic clinic 1-2 half-days per 4-week block (may include MFM clinic).
7. Observe and participate in diagnosis and counseling of patients with perinatal complications seen in the outpatient MFM setting.
8. Work with OB sonographers on both L&D and the outpatient setting to gain ultrasound skills in AFI, placental location, fetal presentation, and obstetrical dating (perform a minimum of 5 ultrasounds of each type).
9. Provide a minimum of 3 OB lectures for family medicine residency noon conferences.
10. Provide one M&M lecture for the OB campus at Avera McKennan.
11. Optional rural elective to obtain knowledge in rural obstetrical care.

Example schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
Week 1 AM PM	ADMIN L&D	L&D Procedures OB Call	L&D CFM clinic	L&D L&D	L&D CFM Clinic	
Week 2 AM PM	L&D CFM Clinic	L&D L&D	L&D CFM Clinic	OB Clinic L&D	L&D L&D	Call/OB Call
Week 3 AM PM	ADMIN L&D	L&D Gyn Clinic	L&D CFM Clinic	L&D L&D OB Call	L&D CFM Clinic	
Week 4 AM PM	L&D CFM Clinic	L&D MFM Clinic	L&D CFM Clinic OB Call	OB Clinic L&D	L&D L&D	

Resources

Books

Cunningham, Williams Obstetrics
Briggs, Drugs in Pregnancy and Lactation
Creasy, Maternal-Fetal Medicine
Burrow, Medical Complications of Pregnancy
Rosene-Montella, Medical Care of the Pregnant Patient-ACP
Scott, Danforths, OB and Gynecology
Bowerman, Atlas of Normal Fetal Ultrasound Anatomy
Benson, Ultrasound in OB-Gyn: A Practical Approach
Hankings, Operative Obstetrics
Norton, Callen's Ultrasonography in OB and Gynecology
Subscription to Journal of Ultrasound in Medicine

On-line decision support data bases:

Wegner Health Sciences Library
Dynamed
Pubmed
ACOG Bulletins

Online Resources:

American Academy of Family Physicians. Preconception care. Position paper. 2016.
www.aafp.org/about/policies/all/preconception-care.html.

American Academy of Pediatrics (AAP) Committee on Fetus and Newborn. American College of Obstetricians and Gynecologists (ACOG) Committee on Obstetric Practice. Guidelines for Perinatal Care. 8th ed. Elk Grove Village, IL.: American Academy of Pediatrics. 2017.

American College of Obstetricians and Gynecologists. Bariatric surgery and pregnancy. ACOG Practice Bulletin No. 105. Obstet Gynecol. 2009; 113:1405-1413.

American College of Obstetricians and Gynecologists. Early pregnancy loss. Practice Bulletin No. 150. Obstet Gynecol. 2015;125:1258-1267.

American College of Obstetricians and Gynecologists. Report of the American College of Obstetricians and Gynecologists' task force on hypertension in pregnancy. Obstet Gynecol. 2013 Nov;122(5):1122-1131.

American College of Obstetricians and Gynecologists. Safe prevention of the primary cesarean delivery. Obstetric care consensus No. 1. Obstet Gynecol. 2014;123:693-711.
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Coutinho AJ, Cochrane A, et al. Comparison of intended scope of practice for family medicine residents with reported scope of practice among practicing family physicians. JAMA. 2015;314(22):2364-2372.

Creasy RK, Resnik R, et al. Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice. 7th ed. Philadelphia, Pa.: Saunders; 2013.

Cunningham FG, Leveno KJ, et al. Williams Obstetrics. 24th ed. New York, NY: McGraw-Hill Medical; 2014.

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Dresang LT, Yonke N. Management of spontaneous vaginal delivery. Am Fam Physician. 2015;92:202-208.

Farahi N, Zolotor A. Recommendations for preconception counseling and care. Am Fam Physician. 2013;88(8):499-506.

Fritz MA, Speroff L. Clinical Gynecologic Endocrinology and Infertility. 8th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins; 2010.

Gabbe SG, Niebyl JR, et al. Obstetrics: Normal and Problem Pregnancies. 7th ed. Philadelphia, Pa.: Saunders, 2016.

Hartling L, et al. Benefits and harms of treating gestational diabetes mellitus: a systematic review and meta-analysis for the U.S. Preventive Services Task Force and the National Institutes of Health Office of Medical Applications of Research. Ann Intern Med 2013;159:123.

Hofmeyr GJ, Lawrie TA, et al. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems. Cochrane Database Syst Rev. 2014;(6):CD001059.

Kelly BF, Sicilia JM, et al. Advanced procedural training in family medicine: a group consensus statement. Fam Med. 2009;41(6):398-404.

LeFevre ML, U.S. Preventive Services Task Force. Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2014;161(11):819-826.

O'Connor E, Rossom RC, et al. Primary care screening for and treatment of depression in pregnant and postpartum women: Evidence report and systematic review for the US Preventive Services Task Force. JAMA. 2016;315:388-406.

Riley L, Wertz M, et al. Obesity in pregnancy: risks and management. Am Fam Physician. 2018;97(0):559-561.

Zakrzewski L, Sur D. Immunizations in pregnancy. Am Fam Physician. 2013;87(12):828-830.

Zolotor AJ, Carlough MC. Update on prenatal care. Am Fam Physician. 2014;89(3):199-208.

Web Sites

Agency for Healthcare Research and Quality. Guidelines and Measures.
www.guideline.gov/

American Academy of Pediatrics. www.aap.org/

American Congress of Obstetricians and Gynecologists. www.acog.org/

American Family Physician (AFP): Labor, Delivery, and Postpartum Issues.

www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=16

American Family Physician (AFP). Prenatal Care.

www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=25

Association of Maternal & Child Health Programs. www.amchp.org/

Centers for Disease Control and Prevention. Health Equity. Advancing Women's Health and Safety. www.cdc.gov/women/

Centers for Disease Control and Prevention. Reproductive Health. Maternal and Infant Health. www.cdc.gov/reproductivehealth/MaternalInfantHealth/

World Health Organization. www.who.int/