

Moving Toward National Standards for Maternity Care Training and Competency Assessment

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Objectives

1. Describe how the 3-Tier maternity care (MC) guidelines can facilitate development of OB curriculum that meets the ACGME maternity care requirements
2. List the benefits of standardized procedural competency assessments (PCAT's) to assess maternity care skills
3. Summarize how the 3-Tier guidelines can assist program directors with making strategic decisions about curricula and align training goals with available resources

Why Teach Maternity Care?

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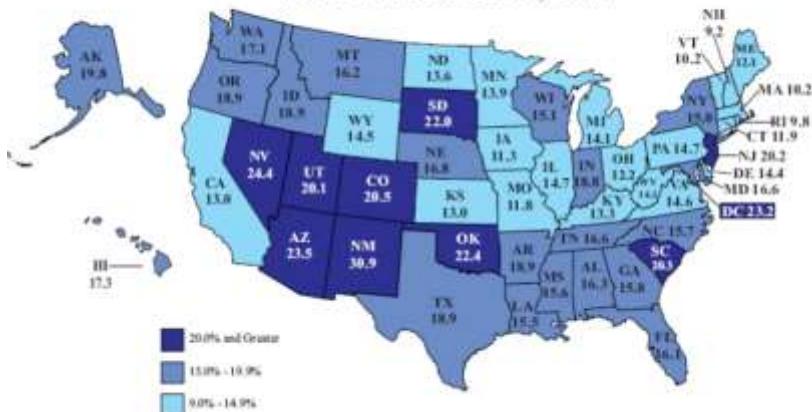
Why Teach Maternity Care?

- Prepares residents to provide comprehensive care of women
- There is a national need for MC providers
- Provides a steady stream of newborns and pediatric patients for the FMC
- Exposes residents to broad Family Medicine practice

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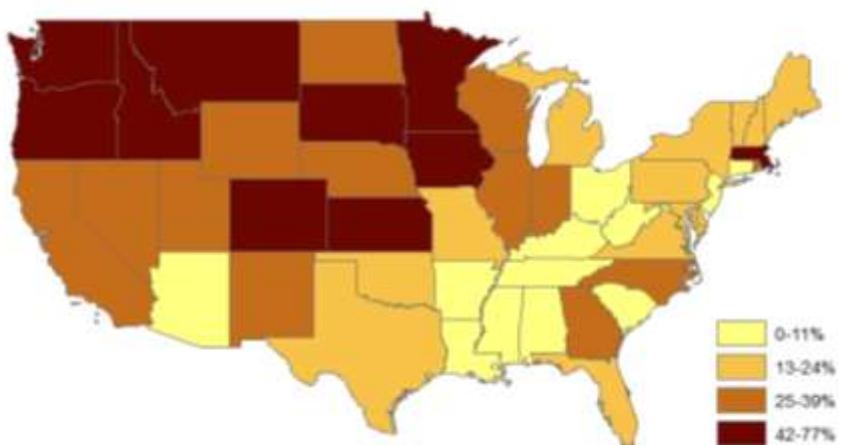
Percent of Births to Women Receiving Late* or no Prenatal Care, 2007



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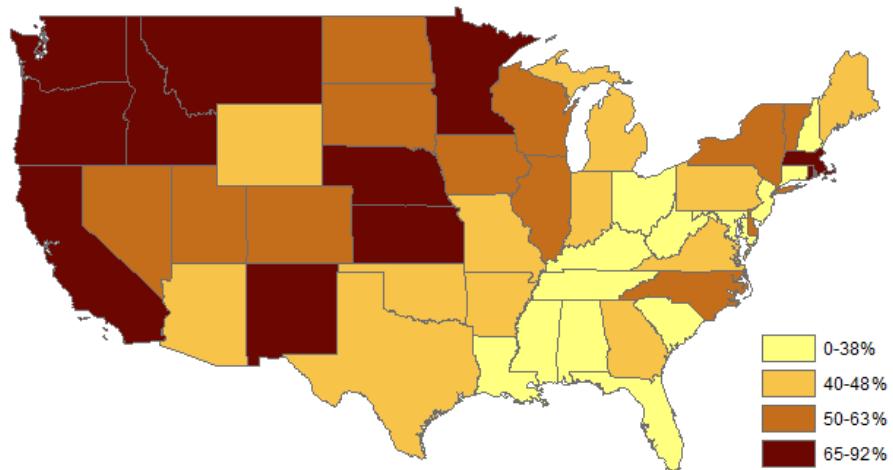
Proportion of 2014 Graduates Intending to Provide Obstetrical Deliveries



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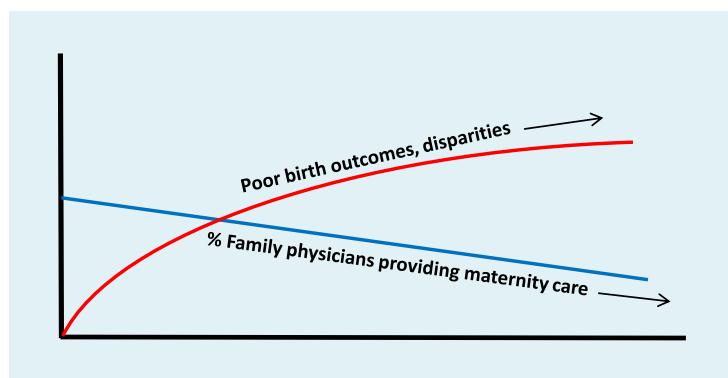
Proportion of 2014 Graduates Intending to Provide Prenatal Care



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The current state of affairs...



Both trends are moving in the wrong direction

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The Reality

- Many residencies struggle to provide sufficient clinical training to meet ACGME MC requirements
- PD's must balance the benefits of MC training with the challenges of delivering a potentially resource-intense curriculum

The Challenges

- Residency programs train residents to different levels of competency → **No standard framework to describe curriculum**
- Not all graduates are competent to provide maternity care → **No standard method of competency assessment**

(POLL QUESTION)

What is your program's greatest challenge with delivering high quality maternity care training for your residents?

- A. Low delivery volume
- B. Inadequate exposure to prenatal care
- C. Not enough continuity deliveries
- D. Not enough maternity care faculty role models

Recent Developments

2011: Coonrod et al. (Fam Med, 2011) advocated developing national standards for FM-MC training and proposed a 3-Tier Model

2014: FM-RC revised MC training requirements:
- Removed “numbers” (total and continuity deliveries)
- Allowed greater variation in MC curricula
- Continued requirement for competencies in maternity care including normal vaginal delivery
- Continued Faculty requirement for maternity care

ACGME: Curriculum Requirements

Residents must document 200 hours (or 2 months) dedicated to participating in deliveries and providing prenatal and post-partum care

- Must include a structured curriculum in prenatal, intra-partum, and post-partum care

Programs should provide an experience in prenatal care, labor management, and delivery management

- Should include the prenatal, intra-partum, and post-partum care of the same patient in a continuity care relationship.

ACGME: Resident Competencies

- Distinguish abnormal and normal pregnancies
- Care for common medical problems arising from pregnancy or coexisting with pregnancy
- Perform a spontaneous vaginal delivery
- Demonstrate basic skills in managing obstetrical emergencies

A Call for National Training Standards

2014: CAFM called for Expert Panel to:

- Develop framework to standardize MC training
- Develop assessment tools to evaluate MC competency
- Decrease barriers to FP's providing maternity care

Expert Panel Recommendations:

Clear delineation of 3 scopes of MC practice:

1. Basic: Outpatient focus (prenatal, postpartum & interconception care)
2. Comprehensive: Manage pregnancy & vaginal delivery for most women, common complications
3. Advanced: Manage high risk pregnancy & surgical interventions (incl. Cesarean delivery)

Expert Panel Recommendations

Assess competence, not just procedural volume

- Decrease volume requirements → remove barriers to obtaining privileges
- Minimum volumes = number needed for an exceptional resident to reach competency, most will need more
- Develop standardized assessment tools to assess competence in MC

Expert Panel Recommendations

Development of Online Learning Collaborative

- Ongoing discussion and dissemination of best practices
- Foster MC curriculum development
- Validation of assessment tools
- MC faculty development

Proposed 3 Tier Guidelines

	Basic Maternity Care	Comprehensive Maternity Care	Advanced Maternity Care
Prenatal Encounters	150	150	250 (includes >100 high risk encounters)
Outpatient Postpartum Care	10	10	10
Continuity Cases	3 (delivery not required)	10	10
Intrapartum Care	10	40	80
Vaginal Delivery	20	40-80*	80
Perineal Repairs	0	5	10
3 rd /4 th Degree Repairs	0	0	5
Instrumented Vaginal Delivery	0	5**	5
Cesarean Assist	0	5	5

*lower number is minimum, upper number is expected volume needed for typical residents

**May require simulation to achieve

(Adapted from Magee, Eidson-Ton et al., Fam Med, in press)

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Proposed Advanced Maternity Care Guidelines

	Advanced Maternity Care
Cesarean Primary Surgeon	70-100*
- Primary Cesarean	40-60*
- Repeat Cesarean	30-40*
- Intra-operative tubal ligation	3
- Postpartum tubal ligation	10
- Dilation and Curretage (uterine evacuation)	10

*lower number is minimum, upper number is expected volume needed for typical residents

(Adapted from Magee, Eidson-Ton et al., Fam Med, in press)

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Required Curricular Elements (by Tier)

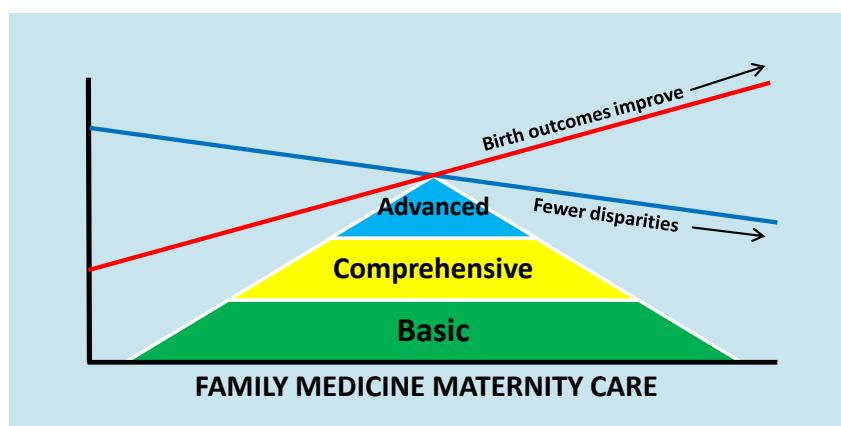
Required Curricular Elements	Basic Maternity Care	Comprehensive Maternity Care	Advanced Maternity Care
Prenatal care	Yes	Yes	Yes
Intrapartum care	Yes (Exposure)	Yes (Competence)	Yes (Competence)
Vaginal delivery	Yes (Exposure)	Yes (Competence)	Yes (Competence)
Newborn care	Yes	Yes	Yes
Postpartum care	Yes	Yes	Yes
ALSO course or equivalent	Yes	Yes	Yes
Medically complicated	Yes	Yes	Yes
Obstetrically complicated	No	Yes	Yes
Surgically complicated	No	No	Yes
OB ultrasound	No	Targeted	Yes
Cesarean assist	No	Yes	Yes
Cesarean primary surgeon	No	No	Yes

(Adapted from Magee, Eidsom-Ton et al., Fam Med, in press)

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Consider the impact of a Family Medicine work force trained in maternity care...



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(POLL QUESTION)

How do you currently assess your resident competence with maternity care procedures?

- A. Track numbers of procedures
- B. General impression from observation
- C. Structured competency assessment tool
- D. Not sure

PCAT

Procedural Competency Assessment Tool

- Format based on the Operative Performance Rating Scale used in surgical specialties
- FM & OB Milestones used to develop criteria
- Designed for summative evaluation
- For more about PCAT's, see AFMRD Consensus for Procedural Training on AFMRD website:

<http://www.afmrd.org/page/procedures>

Using PCAT's

- Residents are observed performing the procedure unassisted
- A rating of “competent” or better must be achieved for each domain to be approved for independent practice
- Benefits of using PCAT's:
 - Objective and standardized (ideally nationally)
 - Improved resident procedural competency
 - Improved quality of care and patient safety
- Available Maternity Care PCAT's:
 - Prenatal Care
 - Postpartum Care
 - Labor Management
 - Vaginal Delivery
 - Laceration Repair
 - Instrumented Vaginal Delivery
 - Operative Procedure-Cesarean Section

Vaginal Delivery PCAT

VAGINAL DELIVERY

Provider: _____ Date: _____

Procedure: _____

How many of this procedure have you completed thus far? _____

Please circle the word corresponding to the candidate's performance in each category, irrespective of the training level.

Control of delivery

(Novice) 1	(Competent) 2	(Expert) 3
Does not control the delivery. Needs assistance of supervisor.	Controls the delivery of infant. Obtains cord blood and performs placental delivery without assistance. Assumes need for repair and performs active management of 3rd stage.	Supervises others in vaginal delivery and manages complications.

Time and Motion

(Novice) 1	(Competent) 2	(Expert) 3
Many unnecessary moves.	Efficient time/motion but some unnecessary moves.	Clear economy of movement and maximum efficiency. Delivers appears fluid and manual support provided when necessary.

Instrument Handling, Laceration Repair

(Novice) 1	(Competent) 2	(Expert) 3
Repetitively makes tentative or awkward moves with instruments by inappropriate use of instruments.	Competent use of instruments but occasionally appears stiff or awkward.	Fluid moves with instruments and no awkwardness.

Knowledge of Complications

(Novice) 1	(Competent) 2	(Expert) 3
Deficient knowledge. Unable to recognize need for assistance.	Recognizes shoulder dystocia and can perform maneuvers to relieve it. Knows when to ask for help and medications.	Can teach management of shoulder dystocia and postpartum hemorrhage.

Overall on this task did the provider demonstrate competency to perform this procedure independently? Yes _____ No _____

Comments: _____

Attending: _____ (Print) _____

Putting It All Together



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Maternity Care: One Size Does Not Fit All

(but there is something for everybody!)

- How do your graduates practice maternity care after graduation?
- What is the need in your community?
- What are your resources for teaching:
 - Prenatal care?
 - Labor management?
 - Deliveries?
 - Surgical training?
 - Newborn care/resuscitation?

Meeting the MC ACGME Guidelines

- Evaluate your program's goals and resources → choose your target MC training tier
- Plan MC learning experiences that fulfill ACGME requirements within your selected MC training tier

Small Group Discussion

(POLL QUESTION)

If the 3-Tiered MC Training Guidelines were implemented today, what tier would your residency program be?

- A. Basic
- B. Comprehensive
- C. Advanced

(Respond, then discuss in small group)

Small Group Activity

- Each group will be assigned one of the proposed Maternity Care Training Tiers and a residency scenario
- Outline a MC curricular plan that fulfills the ACGME MC Requirements and Training Requirements of your selected Tier

You will share your plan with the large group at the end of small group time

Middlesex FMRP

Program Goals:

- Prepare all residents for high quality comprehensive care of women
- Prepare interested residents to provide comprehensive maternity care in future practice

Middlesex FMRP

Required Curricular Element	All Residents	Maternity Care Track	Maternity Care Training Tier
Prenatal Care	YES	YES	COMPREHENSIVE
Intrapartum Care	YES (Exposure+)	YES (Competence)	BASIC/COMPREHENSIVE (All) ADVANCED (Track)
Vaginal Delivery	YES (Exposure+)	YES (Competence)	BASIC/COMPREHENSIVE
Newborn Care	YES	YES	COMPREHENSIVE
Postpartum Care	YES	YES	COMPREHENSIVE
ALSO Course	YES	YES (Instructor)	COMPREHENSIVE
Medically Complicated	YES	YES	COMPREHENSIVE
Obstetrically Complicated	YES	YES	COMPREHENSIVE
Surgically Complicated	NO	OPTIONAL	BASIC/COMPREHENSIVE (All) ADVANCED (Track)
OB Ultrasound	YES, targeted	YES, targeted	COMPREHENSIVE
Cesarean Assist	YES	YES	COMPREHENSIVE
Cesarean Primary Surgeon	NO	OPTIONAL	TRACK ONLY

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Middlesex FMRP

	Comprehensive Maternity Care	Comprehensive Maternity Care	Advanced Maternity Care
	ALL RESIDENTS	MATERNITY CARE TRACK	MATERNITY CARE TRACK
Prenatal Encounters	200+	>250	>250
Outpatient Postpartum Care	30	30+	30+
Continuity Cases	10-20	30-40	30-40
Intrapartum Care	40-60	100+	100+
Vaginal Delivery	40-50	80-100	80-100
Perineal Repairs	20	50	50
3 rd /4 th Degree Repairs	0	5**	5**
Instrumented Vag Delivery	5**	5	5
Cesarean Assist	10-20	20-30	30-50
Operative OB Skills	no	no	yes

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Lawrence FMR

Program Goals:

- Prepare all residents for high quality comprehensive care of women, including maternity care
- Provide opportunity to prepare some residents to provide advanced maternity care, including surgical deliveries and consultative care for high risk pregnancies. (Surgical Maternity Area of Concentration)

Lawrence FMR

Required Curricular Element	All Residents	Advanced Surgical Maternity AOC	Maternity Care Training Tier
Prenatal Care	YES	YES	COMPREHENSIVE (All) ADVANCED (AOC)
Intrapartum Care	YES	YES	COMPREHENSIVE
Vaginal Delivery	YES	YES	COMPREHENSIVE
Newborn Care	YES	YES	COMPREHENSIVE
Postpartum Care	YES	YES	COMPREHENSIVE
ALSO Course	YES	YES (Instructor)	COMPREHENSIVE
Medically Complicated	YES	YES	COMPREHENSIVE ADVANCED (AOC)
Obstetrically Complicated	YES	YES	COMPREHENSIVE ADVANCED (AOC)
Surgically Complicated	NO	OPTIONAL	COMPREHENSIVE (All) ADVANCED (AOC)
OB Ultrasound	YES, targeted	YES, targeted	COMPREHENSIVE
Cesarean Assist	YES	YES	COMPREHENSIVE
Cesarean Primary Surgeon	NO	YES	ADVANCED (AOC)

Lawrence FMR

	Comprehensive Maternity Care	Advanced Maternity Care
	ALL RESIDENTS	SURGICAL MATERNITY AOC
Prenatal Encounters	>250	>250 (>150 High Risk)
Outpatient Postpartum Care	>20	>20
Continuity Cases	10-25	15-25
Intrapartum Care	>100	>100
Vaginal Delivery	60-120 (ave 90)	80-140
Perineal Repairs	~30	~40
3 rd /4 th Degree Repairs	0	5**
Instrumented Vag Delivery	5**	5**
Cesarean Assist	10-30	30-50
Total Cesarean Deliveries	10-30	80-300

Documentation of MC Training

- National Standards allow us to speak the same language when describing our graduates' MC training and competence
- Resident graduation summaries could include a statement that resident have received sufficient training and are competent to perform **Basic, Comprehensive or Advanced** Maternity Care

Key Points & Recommendations:

National Standards for MC Training will...

- Standardize scope and training guidelines for 3 Tiers of maternity care practice
- Provide a common language for programs and graduates to describe MC training
- Provide a framework for meeting the ACMGE maternity care guidelines and decrease program citations
- Allow every FM residency to thrive in maternity care

Key Points & Recommendations:

Standardized maternity care procedural training assessment will...

- Provide objective, standardized assessment of skills that are nationally understood
- Increase the consistency of procedural skill among FM trainees over time
- Improves patient safety and quality of maternity care

The Way Forward...

- National standards for FM MC training and resident assessment need the support from National FM organizations (like AFMRD) and program directors
- Continue working toward developing collaborative partnerships with OB's, midwives, public health workers
- Publicize how all FP's help to fill the gap in care for women during pregnancy and beyond

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

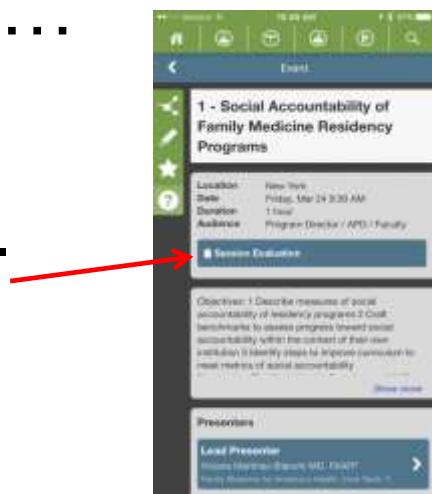


Social Q & A

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Please...
Complete the
session evaluation.



Thank you.

Discussion



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Thank You!

Please remember to complete your
evaluation



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