

Use of satellite clinics to increase obstetrical numbers in family medicine residency training

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AMERICAN ACADEMY OF
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Objectives

- Learn how our program addressed need for increased obstetrical volume for resident training
- Identify your own program's obstetrical commitment and needs
- Create a list of potential solutions to address identified needs
- Share needs and solutions within the group

Who we are



Who are you?

- Program directors?
- Faculty?
- Coordinators?

The Issues

- Exposure versus experience
- Relevance to career goals for residents
- Residency-specific barriers

IV.A.6.k) Residents must document 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum care. (Core)

IV.A.6.k). (1) This experience must include a structured curriculum in prenatal, intra-partum, and post-partum care. (Core)

IV.A.6.l) Programs should provide an experience in prenatal care, labor management, and delivery management¹

IV.A.6.l).(1) Some of the maternity experience should include the prenatal, intra-partum, and post-partum care of the same patient in a continuity care relationship. (Detail)

ACGME Program Requirements for Graduate Medical Education in Family Medicine. Revised Common Program Requirements effective: July 1, 2016.

IV.A.5.a).(1).(c) must demonstrate competence in their ability to provide maternity care, including: (Outcome)

IV.A.5.a).(1).(c). (i) distinguishing abnormal and normal pregnancies; (Outcome)

IV.A.5.a).(1).(c). (ii) caring for common medical problems arising from pregnancy or coexisting with pregnancy; (Outcome)

IV.A.5.a).(1).(c). (iii) performing a spontaneous vaginal delivery; and, (Outcome)

IV.A.5.a).(1).(c). (iv) demonstrating basic skills in managing obstetrical emergencies. (Outcome)

ACGME Program Requirements for Graduate Medical Education in Family Medicine. Revised Common Program Requirements effective: July 1, 2016.

Post-Residency Practice

- 47% family physicians providing maternity care in 1986¹
- < 10% in 2010³
- Our graduates - 34%²

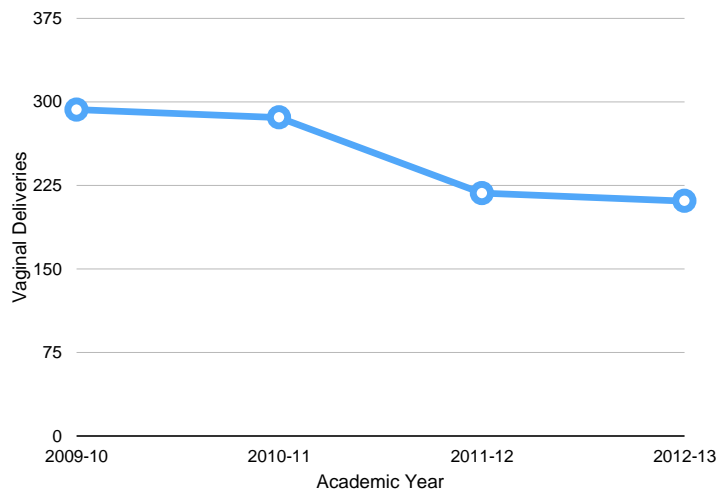
1. American Academy of Family Physicians. Family physicians and obstetrics: a professional liability study. Kansas City, MO: American Academy of Family Physicians, 1987.

2. McVay, J. Annual graduate surveys.

3. Tong ST, Makaroff LA, Xierali IM, Puffer JC, Newton WP, Bazemore AW. Family physicians in the maternity care workforce: factors influencing declining trends. *Matern Child Health J* 2013; 17(9):1683-1688.

Your program needs

The Trend



Residency-Specific Barriers

- Opposing programs
- Changing health systems
 - Logistical issues
 - Credentialing issues

What are your residency specific barriers?

Decision Time

Why continue?

- Goal of program - broadly trained, skill mastery
- Faculty availability and desire
- Generalizable skill set?

Residency-Specific Barriers

- Opposing programs: now indirect
- Changing Health Systems
 - Logistical Issues
 - Credentialing Issues

When there's a problem...

Form a committee!

Let's say you're on the committee...

- Ideas?

Our ideas

- Increase marketing
- Remind referral sources
- Improve patient experience
- Re-invest in curriculum
- Expand already existing program
 - Maternal Health Clinic
- Build relationships
- Recruit family medicine faculty with training in operative obstetrics

Required...

- Committed team
- Program commitment
- Health system commitment

Increase marketing

- Search “Tulsa maternity care” - #1
- Health system billboards
- “Health talk”
- Word-of-mouth

Remind referral sources

- Tulsa County Health Department
- Pregnancy resource centers

Improve Patient Experience

- Initiative underway as health system
- Welcome to pregnancy booklet
- Water bottles, onesie
- Emphasizing continuity of care
- Level 2 Healthy Start grant





CONGRATULATIONS! We look forward to caring for you and your baby.



PREGNANCY CARE TIMELINE	
Year #1	<ul style="list-style-type: none"> • Medical history • Exam
Year #2	<ul style="list-style-type: none"> • Review medical history and GBS • Physical exam
0-20 Weeks	<ul style="list-style-type: none"> • Fetal safety net visits
20-30 Weeks	<ul style="list-style-type: none"> • Optimal growth monitoring for LGA/SGA
32-36 Weeks	<ul style="list-style-type: none"> • Detailed monitoring • Anemia testing
36-40 Weeks	<ul style="list-style-type: none"> • Fetal safety net to 36-40 weeks • Register at the hospital
0-10 Weeks	<ul style="list-style-type: none"> • Detailed physical
10-18 Weeks	<ul style="list-style-type: none"> • Review photo and back screen

Reinvest in curriculum resources

- Inpatient reading list
- Comprehensive curriculum
- Skills check-off cards
- Simulation lab
- Monthly didactic session

Build relationships

- OB Hospitalists
- Private OB/Gyns
- MFMs

Family medicine faculty recruitment

- 13 of 18 FM faculty non-operative OB
- Added two fellowship trained FM faculty
 - One previous grad
 - One outside grad

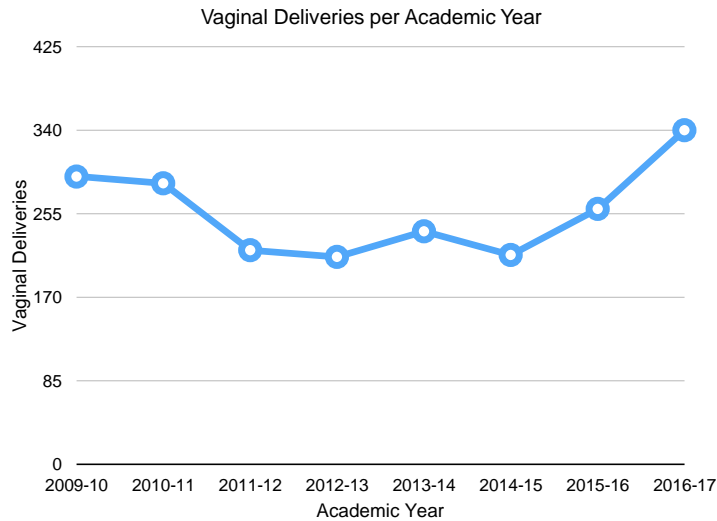
Expand

- Maternal Health Clinic (MHC)
 - SoonerCare
 - Soon-to-be-soonerCare
- See a need, meet a need

MHCs

- Four locations (3 w/ APRNs)
- Shared maternity care model
 - APRNs see up to 35 weeks
 - Resident sees until delivery/attends delivery
 - East: June 2013
 - Okmulgee: June 2014
 - Peoria: May 2015
- Resident only: Rockford





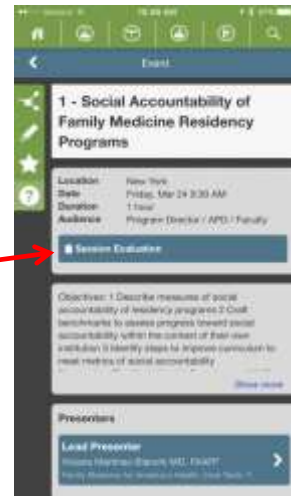
Future Plans

- Continue aforementioned plan
- North Tulsa location?
- Partnership with Catholic Charities?
- Partnership with Creek Nation

Please...

Complete the
session evaluation.

Thank you.



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