

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

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AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

## 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 management<sup>1</sup>

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 1986<sup>1</sup>
- < 10% in 2010<sup>3</sup>
- Our graduates - 34%<sup>2</sup>

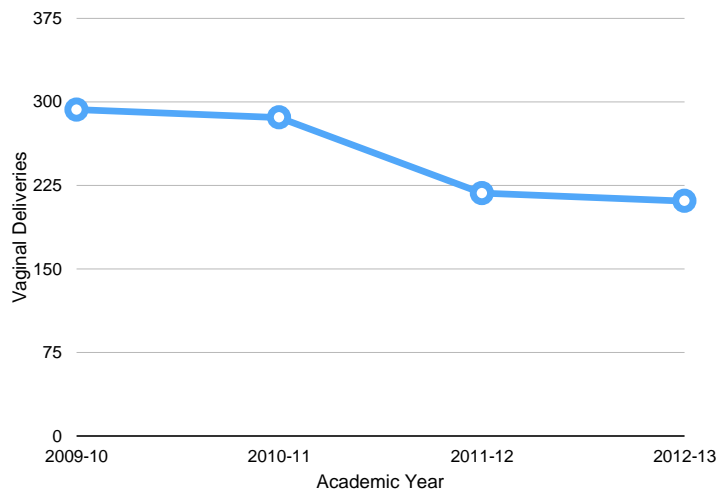
1. American Academy of Family Physicians. Family physicians and obstetrics: a professional liability study. Kansas City, MO: American Academy of Family Physicians, 1987.

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	• Medical history • Exam
Year #2	• Review medical history and GBS • Physical exam
0-20 Weeks	• Fetal safety net visits
0-20 Weeks	• Optimal growth monitoring for C-sections
22-32 Weeks	• Gestation monitoring • Anemia testing
32-36 Weeks	• Fetal safety net to 36-weeks • Register at the hospital
36-37 Weeks	• Growth program
36w-7d to 39w	• Ready your unit back to work

## 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

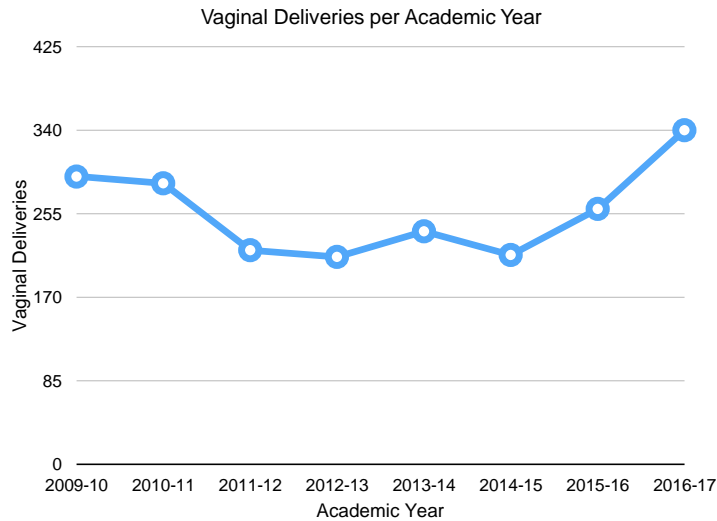
# Expand

- 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

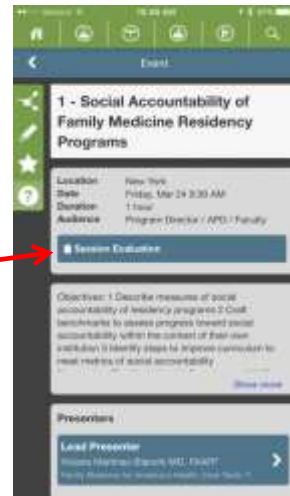
- Continue aforementioned plan
- North Tulsa location?
- Partnership with Catholic Charities?
- Partnership with Creek Nation



Please...

Complete the  
session evaluation.

Thank you.



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