



Obstetrics Curriculum

Family Medicine Faculty Liaison: Leslie Waldman, MD

Last review/update: 2/2018

The Obstetrics training curriculum consists in a longitudinal experience with 4 required 4-week block rotations: 2 in the PGY-1 year, 1 in the PGY-2 year and 1 in the PGY-3 years. Training takes place in the CHI-Franciscan Health Harrison Medical Center Labor and Delivery Center, Naval Hospital Bremerton, NWFMR Ambulatory Care Center and select Obstetrics clinics.

ACGME Competencies and FM-Specific Milestones Assessed:

1. [Patient Care](#) that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
✓ *PC-1, PC-3, PC-5*
2. [Medical Knowledge](#) about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. [Systems-Based Practice](#) as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
✓ *SBP-1, SBP-2, SBP-4*
4. [Practice-Based Learning and Improvement](#) that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
✓ *PBLI-3*
5. [Professionalism](#) as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
✓ *PROF-1, PROF-4*
6. [Communication](#) result in effective information exchange and teaming with patients, their families, and other health professionals;

Family Medicine Program Requirements:

IV.A.6.k) Residents must document 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum care. This experience must include a structured curriculum in prenatal, intra-partum, and post-partum care.

IV.A.6.l) Programs should provide an experience in prenatal care, labor management, and delivery management. Some of the maternity experience should include the prenatal, intra-partum, and post-partum care of the same patient in a continuity care relationship.

Competency-Based Objectives and Instructional Methods

Goal of Rotation: Residents will learn to provide evidence-based, compassionate, comprehensive maternity care for women with low-risk pregnancies. They will be skilled in identifying pregnancy conditions which require assistance from specialists for management. They will develop technical skills necessary to assist women with vaginal deliveries and manage urgencies/emergencies which may arise ante/intra/post-partum.

While the scope of practice for family physicians continues to evolve, competency in providing high quality, consistent care to women throughout their lifetimes, including during pregnancy, continues to be an important objective of residency training. Even those family physicians who do not choose to include maternity care in their scope of practice should be comfortable with and competent in the care of medical issues in women during pregnancy and lactation, as well as management of contraception and preconception counseling. This is particularly relevant to the preconception care family physicians can choose to provide for women who have chronic medical conditions.

A. Patient Care

Objectives

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate ability to:

- 1) Perform comprehensive physical examinations of female anatomy;
- 2) Perform appropriate pre-conception counseling/treatment, including:
 - a) Nutrition and exercise
 - b) Genetic screening and prevention of birth defects
 - c) Optimization of health prior to conception
 - d) Assessment of immunization status and appropriate vaccinations, as needed
 - a) Occupational hazards assessment
- 3) Order appropriate prenatal screening tests ;
- 4) Provide, in collaboration with OB or FM faculty, comprehensive, compassionate, continuous care for obstetric patients with a broad range of pregnancy-related complications, including:
 - b) Spotting/bleeding
 - c) Pelvic pain
 - d) Hyperemesis gravidarum
 - e) Musculoskeletal changes and discomforts
 - f) Failed pregnancies (threatened/incomplete/complete abortions, embryonic demise) including medical mgt of uncomplicated SABs, surgical referrals and grief counseling
 - g) Ectopic Pregnancy
 - h) Recurrent early pregnancy loss
 - i) Gestational diabetes
 - j) Sexually transmitted infections
 - k) Bacterial or yeast vaginitis
 - l) Asymptomatic bacteriuria, urinary tract infections, and complications
 - m) Iron deficiency anemia
 - n) Group B Strep colonization

- o) Preterm labor
 - p) Placental abruption
 - q) Blood factor isoimmunization
 - r) Pregnancy-induced hypertension, preeclampsia, eclampsia, HELLP syndrome and acute fatty liver of pregnancy
 - s) Postpartum hemorrhage
 - t) Postpartum fever and endometritis
 - u) Thromboembolic disease
 - v) Postpartum depression
- 5) Utilize the Electronic Health Record to extract information relevant to patients' obstetrics history;
- 6) Apply medical knowledge identified below to patients presenting with obstetric concerns;
- 7) Competently perform procedures according to the Longitudinal Procedural Training Curriculum.

The following list of skills are integral to this curriculum and residents should seek opportunities to train in these procedures during rotation.

<u>A₀ Procedures</u> Procedural competence assumed by graduating from the program	<u>A₁ Procedures</u> Procedural Competence is required for graduation	<u>A₂ Procedures</u> Procedural Competence is optional prior to graduation	<u>B Procedures</u> Procedural Competence requires a focused training plan during residency	<u>C Procedures</u> Procedural competence likely requires additional training beyond residency
<ul style="list-style-type: none"> • Amniure • Bladder catheterization • Episiotomy • Ferning • Fetal monitoring • KOH prep • Nitrizine • Peripheral venous cannulation • Phlebotomy • Surgical aseptic technique • Surgical assist • Urinalysis (dipstick, microscopy) • Wet mount 	<ul style="list-style-type: none"> • ALSO • Amniotomy (3) • Basic obstetric ultrasound: Amniotic Fluid Index, fetal presentation, placental location (10) • C/S assist (10) • Fetal scalp electrode (3) • First- and second-degree perineal laceration repair (10) • Intrauterine pressure catheter and amnioinfusion (3) • Labor induction/augmentation (3) • Manual extraction of the placenta (3) • Spontaneous vaginal delivery (50) • Vacuum-assisted vaginal delivery (5) 	<ul style="list-style-type: none"> • Advanced prenatal ultrasound: 1st trimester biometry (10) • 3rd and 4th degree perineal laceration repair (3) • VBAC (3) 	<ul style="list-style-type: none"> • Advanced obstetrical applications (nuchal translucency, cervical length, umbilical cord doppler, 2nd/3rd trimester biometry) • Intrathecal anesthesia 	<ul style="list-style-type: none"> • Amniocentesis • C-section • D&C / MVA • Dilatation and evacuation • Epidural Anesthesia • Forceps Assisted Delivery • Tubal ligation

- For A1 and A2 procedures, the minimum number of procedures that must be logged electronically prior to graduation is listed in parentheses.
- Residents should attempt to complete as many Procedural Competency Assessment Tools as possible during the rotation.

Instructional Methods

- 1) *Direct Instruction*: By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics and select Academic Conference sessions.
- 2) *Faculty Modeling*: Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Guided Research*: Resident presentation of faculty-assigned topics based upon clinical cases.
- 4) *Supervised Clinical Management*: Application of information to individual patient cases in the OB/GYN and Family Medicine clinics.

B. Medical Knowledge

Objectives

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate:

- 1) Appropriate counseling for women regarding screening during pregnancy, including:
 - a) Options for early screening for chromosomal abnormalities through noninvasive prenatal testing, including ultrasound examination for nuchal translucency, alpha-fetoprotein (AFP)/quadruple marker testing, combined or sequential screening protocols, and cell-free DNA testing;
 - b) Cystic fibrosis and Tay-Sachs disease screening;
 - c) Referral for genetic counseling regarding other genetic diseases, with attention to maternal age and other risk factors;
 - d) Referral for chorionic villus sampling and amniocentesis;
- 2) Appropriate counseling for prevention or treatment of substance abuse and sexually transmitted infections (STIs), to specifically include:
 - a) Tobacco cessation counseling in pregnancy.
 - b) Alcohol abuse risks and fetal alcohol syndrome.
 - c) Opiate abuse and referral for treatment with methadone or buprenorphine, and counseling with regard to neonatal abstinence syndrome.
 - d) Other substances of abuse and pregnancy risks.
 - e) Risk factors for STIs (including viral hepatitis and HIV) and their impact on pregnancy and fetal outcome.
- 3) Assessment of estimated fetal weight by Leopold maneuvers;
- 4) Understanding of the physiology of the three stages of labor;
- 5) Management of normal labor and delivery;
- 6) Appropriate utilization and interpretation of external electronic fetal monitoring;
- 7) Appropriate use of obstetric analgesia and anesthesia;
- 8) Understanding of methods for protecting the perineum during the second stage of labor
- 9) Understanding of indications for episiotomy;
- 10) Understanding of the normal course of the third stage of labor and the steps involved to prevent excessive bleeding and reduce risk of postpartum hemorrhage using the active management techniques, as described in *Advanced Life Support in Obstetrics (ALSO)*;
- 11) Compassionate and accurate counsel of patients regarding breastfeeding in the immediate postpartum period;

- 12) Understanding of pregnancy complications, including:
- a) Fetal malposition and malpresentation: understand fetal-pelvic relationships and the importance of early detection of malposition; distinguish types of malposition and understand their compatibility with vaginal delivery.
 - b) Labor dystocia: understand risk factors, prevention, recognition, and management, including augmentation of labor and utilization of appropriate obstetric consultation when indicated.
 - c) Post-term pregnancy: understand indications and risk assessments for induction of post-term pregnancy, including post-dates monitoring, and selection of management options, including cervical ripening agents, Pitocin induction, and artificial rupture of membranes; understand appropriate assessment and use of Bishop scoring for induction management.
 - d) Premature and prolonged rupture of membranes: Knowledge of appropriate interventions, including induction or augmentation of labor and use of prophylactic antibiotics when indicated.
 - e) Meconium, and awareness of the need for appropriate personnel to be present at the time of delivery and for appropriate intrapartum management of the neonate born with meconium-stained fluid, including counseling mothers and families about expectations for delivery;
 - f) Life-threatening emergencies during the peripartum period and need to utilize appropriate resuscitative techniques for mothers and babies; with obstetric consultation, co-manage placental abruption/hemorrhage, preeclampsia, eclampsia, amniotic fluid embolism, and disseminated intravascular coagulation (DIC);
 - g) Early signs of fetal compromise and demonstration of appropriate interventions, including position change, tocolytics, maternal fluid and oxygen resuscitation, and amnioinfusion, as well as timely consultation, when necessary;
 - h) Shoulder dystocia: understand risk factors, prevention, recognition, and management using ALSO protocols.
 - i) Assisted deliveries: understand indications for and appropriate use and application of a vacuum extractor; understand indications for forceps.
 - j) Cesarean section: understand indications, risks/benefits, and need for timely consultation.
 - k) Stillbirth: care for the psychological needs of patients and families experiencing.

Instructional Methods

- 1) *Direct Instruction:* By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics, select Academic Conference sessions and during Advanced Life Support in Obstetrics training.
- 2) *Faculty Modeling:* Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases.
- 4) *Supervised Clinical Management:* Application of information to individual patient cases in the OB/GYN and Family Medicine clinic.
- 5) *Read each of the ACOG Practice Bulletins and be ready to discuss during didactic times. A few are revised each month so please update your list accordingly. They are accessible through the UW Healthlinks library website.*

R1: rotation 1

- Intrapartum fetal heart rate monitoring
- Management of Intrapartum fetal heart rate tracings
- Obstetric Analgesia and Anesthesia
- Prevention and Management of obstetric lacerations
- Induction of Labor
- Management of late-term and postterm pregnancies
- Use of prophylactic antibiotics in Labor and delivery
- Premature rupture of membranes
- Nausea and vomiting of pregnancy
- Anemia in Pregnancy

R1: Rotation 2

- Postpartum Hemorrhage
- Shoulder dystocia
- Operative vaginal delivery
- Prevention of Rh D Alloimmunization
- Fetal Macrosomia
- Asthma in pregnancy
- Management of Herpes in Pregnancy
- Obesity in pregnancy
- Thyroid disease in pregnancy
- Ultrasound in Pregnancy
- Thrombocytopenia in pregnancy

R2:

- Diagnosis and Management of Preeclampsia and Eclampsia
- Emergent Hypertensive Therapy during Pregnancy
- Invasive prenatal diagnostic testing for Aneuploidy
- Screening for fetal chromosome abnormalities
- Antepartum fetal surveillance
- Gestational Diabetes
- Management of preterm labor
- Fetal growth restriction
- CMV, Parvo B19, Varicella Zoster, and Toxo in pregnancy
- Early pregnancy loss
- Medical management of first trimester abortions

R3:

- Prediction and prevention of preterm birth
- Use of psychiatric medications in pregnancy
- Bariatric surgery and pregnancy
- External cephalic version
- Chronic Hypertension in Pregnancy
- Inherited thrombophilias in pregnancy
- Management of stillbirth
- Multifetal gestation
- Thromboembolism in pregnancy
- Vaginal birth after cesarean section
- Viral Hepatitis in Pregnancy

Other Practice Bulletins to
consider reading:

- Antiphospholipid syndrome
- Critical care in pregnancy
- Gestation Trophoblastic Disease
- Hemoglobinopathies in Pregnancy
- Management of alloimmunization
- Neural Tube Defects
- Pregestational diabetes

C. Systems Based Practice

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate:

Objectives

1. Understanding of the roles of the obstetrician and obstetrician subspecialists as they relate to Family Physician care of obstetric patients;
2. Appropriate usage of resources in women's health care delivery systems (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Planned Parenthood);
3. Appropriate collaboration with other health care professionals with regard to advocacy and coordination of care for female patients across the continuum of outpatient, inpatient, and institutional care (e.g., childbirth educator, lactation consultant, certified nurse midwife, nutritionist, dietician, parenting educator, social services).

Instructional Methods

- 1) *Direct Instruction:* By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics and select Academic Conference sessions.
- 2) *Faculty Modeling:* Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Supervised Clinical Management:* Application of information to individual patient cases in the OB/GYN and Family Medicine clinic.

D. Practice Based Learning and Improvement

Objectives

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate:

- 1) Willingness and ability to incorporate faculty feedback into clinical/academic performance change;
- 2) Appropriate use of search tools online and in the Harrison Medical Center Library to find references which augment learning from cases encountered during supervised care;
- 3) Use of the EPIC Electronic Health Record to facilitate patient care, including:
 - a) appropriate usage of "Care Everywhere" to locate non-Harrison medical information available from external sources;
 - b) appropriate usage of EPIC data synthesis function/charting resources to summarize trends in patient lab data.

Instructional Methods

- 1) *Direct Instruction:* By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics, select Academic Conference sessions and during Advanced Life Support in Obstetrics training.
- 2) *Faculty Modeling:* Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases.
- 4) *Supervised Clinical Management:* Application of information to individual patient cases in the OB/GYN and Family Medicine clinic.

E. Professionalism

Objectives

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate:

1. Ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions;
2. Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes;
3. Punctuality and reliability at all times, whether in clinic, didactic sessions, or performing inpatient care;
4. A professional appearance at all times.

Instructional Methods

- 1) *Direct Instruction:* By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics and select Academic Conference sessions.
- 2) *Faculty Modeling:* Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Supervised Clinical Management:* Application of information to individual patient cases in the OB/GYN and Family Medicine clinic.

F. Communication

Objectives

During directly-supervised clinical practice caring for obstetric patients on Labor & Delivery, in the OBED/triage, in Obstetric Clinics, and in the Family Medicine Care Center, residents must demonstrate ability to:

- 1) 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. This includes:
 - a) initial admission H&P's

- b) interval condition updates
- c) requests for consultation by external specialists
- 2) Develop rapport with the patients and/or family members to promote patients' welfare, employing active listening techniques to clarify information;
- 3) Communicate effectively with non-physician health-care team members;
- 4) Counsel patients and/or family members in a compassionate and accurate manner regarding expectations of care and risks of care;
- 5) Construct appropriately-organized, complete, and timely Electronic Health Record documentation.

Instructional Methods

- 1) *Direct Instruction:* By OB/GYN and Family Medicine physician preceptors in Labor & Delivery Centers, OBED/triage, outpatient clinics, select Academic Conference sessions and during Advanced Life Support in Obstetrics training.
- 2) *Faculty Modeling:* Of relevant behaviors and techniques by OB/GYN and Family Medicine preceptor(s).
- 3) *Supervised Clinical Management:* Application of information to individual patient cases in the OB/GYN and Family Medicine clinic.

Points of Contact and Schedules

Harrison Medical Center (HaMC)

Ann Bird, MD
 Team Lead, HaMC OB Hospitalist Group
 On-call OB Hospitalist:
abird@OBHG.com
www.OBHG.com

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun day
AM	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation <i>10:30 didactics</i>	Clinical Rotation	NWFMR call day	
PM	Clinical Rotation	Longitudinal Curriculum	Family Medicine Clinic	Academic Conference	Clinical Rotation (Call)	NWFMR call day	

During your shifts at Harrison Medical Center, your direct supervisor is the OB hospitalist (their shifts are 9am – 9am). You should capitalize on every learning opportunity available that are listed in priority here:

- 1. Labor and postpartum management of any patients managed by the OB hospitalist group
- 2. Labor and postpartum management of any patients assigned to Northwest Washington Family Medicine Residency
- 3. Labor and postpartum management of any patient assigned to a community provider who will allow resident participation

4. Initial assessment and management of patients presenting to the Obstetrics Emergency Department
5. Neonatal resuscitation and stabilization with the assigned newborn teams
6. Assessment and management of surgical consults with the on-call Family Medicine faculty

Naval Hospital Bremerton

One Boone Rd
 Bremerton, WA 98310

Jesse Rohloff, MD

Cell: 619-876-0463

Jesse.j.rohloff.mil@mail.mil

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation		
PM	Clinical Rotation	Family Medicine Clinic	Family Medicine Clinic	Academic Conference	Longitudinal Curriculum		

St. Francis Hospital – CHI Franciscan Health

34515 9th Ave South
 Federal Way, WA 98003

Robert Snyder, MD

RobertSnyder@chifranciscan.org

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M	Clinical Rotation	Clinical Rotation	Clinical Rotation	Family Medicine Clinic	OFF	Clinical Rotation	Clinical Rotation
P M	Clinical Rotation	Clinical Rotation	Clinical Rotation	Academic Conference	OFF	Clinical Rotation	Clinical Rotation

Evaluation Activities

Residents will receive an **incomplete** for the rotation and will not be eligible for graduation until the following items are completed.

1. **Resident Evaluation:** *(the resident may be evaluated by several department members)*
 - Daily feedback: You are expected to receive a feedback form for each session. The form is given to the Assistant Program Coordinator either by hand or electronic delivery. If you realize one was not completed at a later date, please contact the preceptor by any reasonable means and illicit the necessary feedback.
 - Mid-rotation feedback: Faculty are encouraged to provide daily verbal feedback; but written feedback is required if resident is failing at mid-rotation or at any other time. Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a resident is in danger of failing the rotation.
 - Final Evaluation: Using rotation-specific on-line evaluation form. Evaluations should be completed within two weeks of rotation end to provide timely feedback to the resident. Evaluation will include preceptor's assessment of resident's level of mastery with each procedural skill included in Patient Care Section A.5)
 - Attendance Verification: Documentation of attendance at didactic sessions, procedural clinics, FM continuity clinics and experiential encounters will be maintained in resident training file.
 - Directed Readings: Read the required documents listed in the medical knowledge section.

2. **Documentation:** *(resident-completed by end of rotation)*
 - Procedures performed must be documented in standard electronic format. If a preceptor is not listed in New Innovations, log the procedure under your advisor.
 - Appropriate EHR documentation of all encounters must be completed.
 - Any provided supplemental readings should be completed and returned to rotation coordinator.

3. **Staff Evaluation:** *(resident-completed)*
 - Residents evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation is to be completed within two weeks of rotation end.

4. **Rotation Evaluation:** *(resident-completed)*
 - Resident assesses quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation is expected to be completed within two weeks of rotation end.



M. Watson, MD
Program Director

1/9/2017
Date