The Obstetrics training curriculum is a longitudinal experience with call shifts, night float rotations and 3 required 4-week block rotations: 2 in the PGY-1 year and 1 in the PGY-2 year. Training takes place in the CHI-Franciscan Health Harrison Medical Center Family Birth Center, 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-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.
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;
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
6. **Interpersonal and Communication** result in effective information exchange and teaming with patients, their families, and other health professionals;
   - C-1

**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:
   - Nutrition and exercise
   - Genetic screening and prevention of birth defects
   - Optimization of health prior to conception
   - 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 mgmt 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.  
   • Procedural training is an integral part of this curriculum. Residents should constantly seek opportunities to train in procedures throughout this rotation.  
   • Residents need to consistently log all procedures performed in New Innovations.  
   • Residents should attempt to complete as many Procedure Competency Assessment Tools (PCATs) as possible during this rotation.  
   • As documented in the longitudinal procedure training curriculum, there are procedures that all residents are required to gain competence with prior to graduation. Competence is achieved when the minimum number of procedures AND the required number of PCATS are completed.  

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 epistomty;

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 and turnover with senior residents. They are accessible on our website and updated regularly.**
R1: rotation 1
- Anemia in Pregnancy
- Intrapartum fetal heart rate monitoring
- Management of Intrapartum fetal heart rate tracings
- Nausea and vomiting of pregnancy
- Obstetric Analgesia and Anesthesia
- Premature rupture of membranes
- Prevention and Management of obstetric lacerations
- Use of prophylactic antibiotics in Labor and delivery and Prevention of GBS sepsis

R1: Rotation 2
- Emergent Hypertensive Therapy during Pregnancy
- Induction of Labor
- Management of late-term and postterm pregnancies
- Postpartum Hemorrhage
- Prevention of Rh D Alloimmunization
- Shoulder dystocia
- Thrombocytopenia in pregnancy
- Ultrasound in Pregnancy

R2: R2 residents are responsible for signing off at least 50% of the R1 rotation readings
- Antepartum fetal surveillance
- Fetal growth restriction
- Gestational Diabetes
- Gestational Hypertension and Pre-eclampsia
- Management of preterm labor
- Obesity in pregnancy
- Prediction and prevention of preterm birth
- Screening for fetal aneuploidy

Other Practice Bulletins to consider reading:
- Antiphospholipid syndrome
- Asthma in pregnancy
- Bariatric surgery and pregnancy
- Cerclage for the Management of Cervical Insufficiency
- CMV, Parvo B19, Varicella Zoster, and Toxo in pregnancy
- Critical care in pregnancy
- Chronic Hypertension in Pregnancy
- External cephalic version
- Fetal Macrosomia
- Gestation Trophoblastic Disease
- Hemoglobinopathies in Pregnancy
- Inherited thrombophilias in pregnancy
- Management of alloimmunization
- Management of Herpes in Pregnancy
- Management of stillbirth
- Multifetal gestation
- Neural Tube Defects
- Operative vaginal delivery
- Pregestational diabetes
- Pregnancy and Heart Disease
- Prenatal diagnostic testing for genetic disorders
- Second Trimester Abortions
- Thromboembolism in pregnancy
- Thyroid disease in pregnancy
- Use of psychiatric medications in pregnancy
- Vaginal birth after cesarean section
- Viral Hepatitis in Pregnancy
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.

4) Academic Conference presentation: during the 2nd, 3rd or 4th week of the rotation, a case from the rotation will be presented at Thursday afternoon conference.

Points of Contact and Schedules

Harrison Medical Center (HaMC)

Victor Obregon, MD
Team Lead, HaMC OB Hospitalist Group
VObregon@OBHG.com
On-call OB Hospitalist phone number: 360-744-6331

Amity Marriott, MD
Kitsap OB/GYN
amitymarriottmd@outlook.com
206-390-0674

Typical Rotation Schedule:

*please reference PTO policy regarding time away for this rotation
**Daily schedule:**

6am:
- resident-resident turnover
- off-going resident: round postpartum patients (see notes below)¹
- On-coming resident: touch base with the charge nurse, assume care of off-going resident’s antepartum patients, identify new patients to participate in their labor management: contact private attendings, see triage patients

7:30am: Face-to-face time with Family Medicine Inpatient Attending (IPA): learning opportunities on the labor deck should be prioritized, please notify the IPA if this occurs.

9am: Attend hospitalist turnover. During your shifts at Harrison Medical Center, your direct supervisor is the OB hospitalist (their shifts are 9am – 9am).

10am: attend Multi-disciplinary rounds and present your patients

9pm: attend Multi-disciplinary rounds and present your patients

**Responsibilities:**

1. Proactively engage in all learning opportunities available; they are listed in priority here:
   a) Labor management of all patients assigned to NWFMR
   b) Labor management of all patients managed by the OB Hospitalist group
   c) Labor management of any patient assigned to a community provider who will allow resident participation. The community provider & pt need to be in agreement before you meet the pt.
   d) Initial assessment and management of patients presenting to the OBED
   e) Assist in cesarean sections

   *Management of laboring patients includes full knowledge of the patients hx and hospital course, monitoring the fetus during labor, participating in cervical checks/procedures and regular documentation (q4h in latent labor, q2h in active labor & q1h during pushing). It is not just participating in the delivery.*

2. Postpartum rounding: see and write a note on each patient that is delivered by a resident (unless directed by the private attending) and all NWFMR Obstetric patients. Once complete, relay to the private attendings that it is complete and any concerns.

3. Solicit evaluations during each shift. For your final evaluation, you need at least one completed from each member of the teaching team (nurse, OB Hospitalist, Community Obstetrician and Family Medicine faculty).

4. Complete required readings and be signed off by a senior resident or attending.

¹On weekends, the call team is also responsible for rounding and caring for newborns admitted to the Family Medicine inpatient service.
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 responsible for having at least one feedback form completed for each session. The form can be completed by a senior resident, provider or nurse. 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 and discuss with the IPA.

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.

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M. Watson, MD                    4/6/2020
Program Director                 Date