

Non-Rotational Teaching of Obstetrics in a Family Practice Residency

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The E.W. Sparrow Family Practice Residency Program has developed a unique system of training family practice residents in obstetrics. A continuous obstetrical training experience is provided on a non-rotational basis over the three-year residency training period. This experience has been arranged through the creation of the family practice obstetrical population, the use of family practice faculty as primary teachers, and the use of residents and faculty in obstetrics-gynecology as consultants. Extensive documentation and evaluation is used to allow residents to progress through varied levels of privileges in preparation for private practice.

The inclusion of obstetric care in a family practice setting rounds out the experience of providing total care for families, and provides a firm foundation for a practice to grow on.¹ It is sometimes difficult, however, for community based family practice residencies to provide adequate patient volume for residents to be well trained in obstetrics, due to several factors: (1) decreasing numbers of "staff" patients available for resident management; (2) increasing numbers of both obstetrical and family practice residents; and (3) reluctance of private physicians to allow house-staff significant participation in obstetrical care.

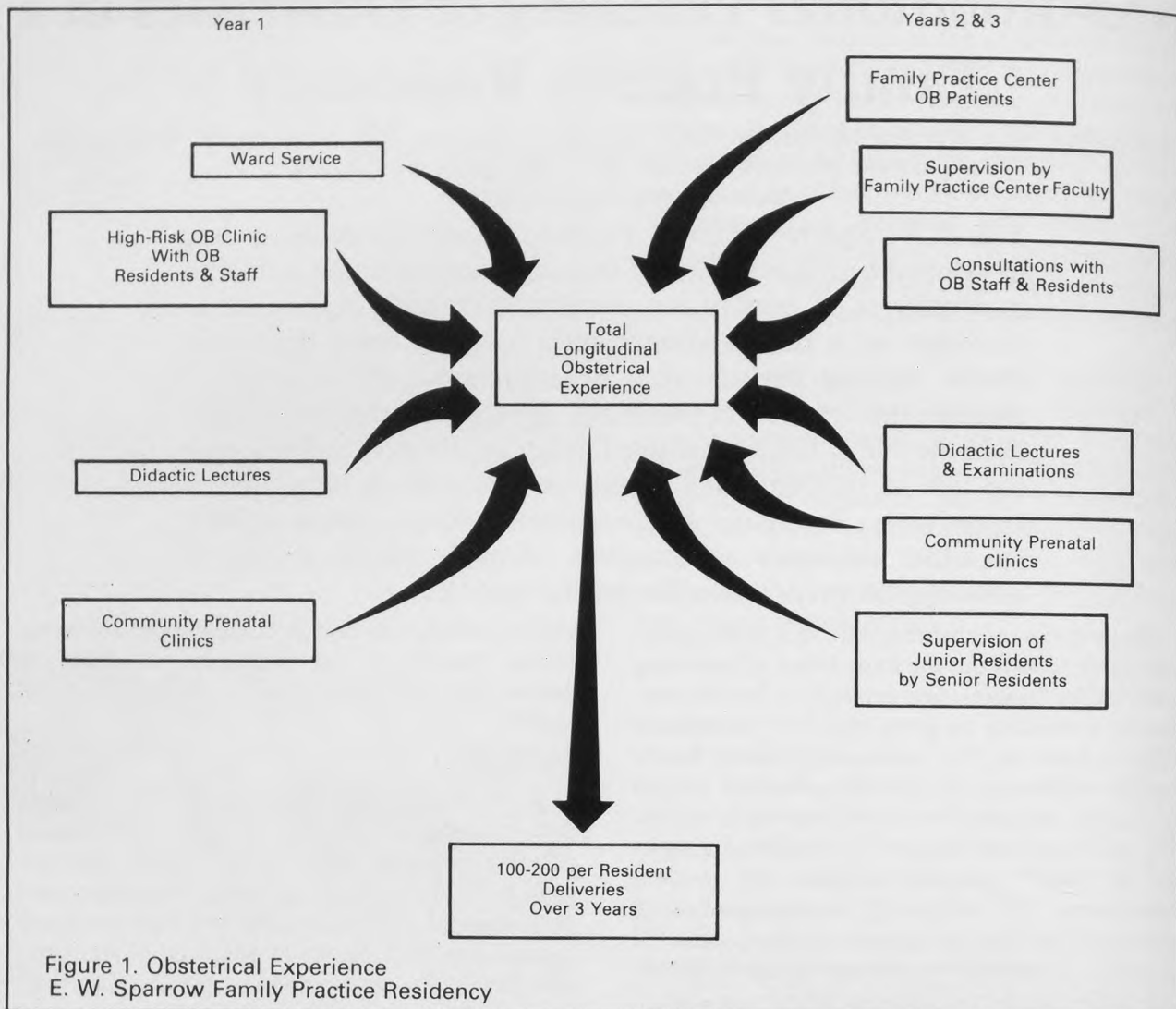
In response to these problems the E.W. Sparrow Family Practice Residency has created its own obstetrical patient population comprised of private family practice center patients and County Health Department Clinic prenatal patients. Educational autonomy has been achieved by this method, and appropriate liaison with obstetrics-gynecology is maintained through frequent use of consultative services. The obstetrical training of family practice residents is therefore relatively independent of the obstetrical staff and allows residents an opportunity to learn how to appropriately utilize consultants. Residents progress through varied levels of expertise with appropriate supervision and privileges at each level (Figure 1). Ex-

tensive evaluation and documentation are maintained throughout the three-year residency in preparation for justification of obstetrical privileges.

Methods

E.W. Sparrow Hospital is a 500-bed community hospital in Lansing, Michigan (population 350,000), with an obstetrical service of approximately 3,500 deliveries per year. It is designated as a regional perinatal center and includes an attached Regional Neonatal Intensive Care Unit. The family practice residency has developed its own obstetrical population from several sources for delivery at Sparrow Hospital. First, private obstetrical patients are seen by the resident and attending staff in the two family practice centers. These patients are assigned one family physician who follows them throughout their pregnancy and delivers them (regardless of call schedule). Computerized data tabulation reveals antepartum obstetrics to be the most frequently occurring outpatient primary diagnosis. Secondly, the residency program staffs two community prenatal clinics, in which 450 patients per year are followed, resulting in approximately 350 deliveries per year for the family practice residents. All patients are seen by residents supervised by family practice faculty in the clinics. The obstetrics-gynecology residency high-risk clinic provides consultation for difficult cases. Thirdly, a small number of patients are referred to the residency by the Drug Education

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Center and the Woman's Medical Care Center.

The goals of the E.W. Sparrow Hospital family practice residency include training family physicians who will practice high quality obstetrics and who will work well with consulting obstetrical specialists. The residency graduates are expected to be proficient in the skills listed in Figure 2, which are consistent with guidelines established by the American Academy of Family Physicians-American College of Obstetricians and Gynecologists. In addition, weekly educational conferences are sponsored by the Department of Obstetrics-Gynecology and attended by the family practice residency staff.

First year residents ("rotational" internship year) spend two months on the inpatient OB/GYN service, working with obstetrics residents and attending staff. They rotate through the regular

and high-risk OB prenatal clinics, take call every third night, and assist at or perform approximately 50 deliveries with the obstetrics attending physicians. They also rotate once a month throughout the first year to each of the two family practice community prenatal clinics.

During the second year, residents begin seeing their own private obstetrical patients, and spend one half-day per week at one of the prenatal clinics as well. When on call (approximately every fifth night), they begin delivering their own private patients and the clinic patients. Due to the unique non-rotational aspects of the E.W. Sparrow Hospital family practice residency program, the second and third year family practice residents are taught primarily by the family practice faculty rather than by the obstetrics attending staff. In keeping with the goal of making "training like

Procedure	Criteria	Date	Certified
Required			
Abnormal Labor	Director Approval		
Breech Primipara	Director Approval		
C-Section Assist	5		
Fetal Monitor-Internal	Director Approval		
Fetal Monitor-External	Director Approval		
Forceps Delivery	Director Approval		
Induction	Attending must be present		
Manual Extraction of Placenta	1 Observation		
Non Stress Test	Director Approval		
Normal Spontaneous Vaginal Delivery	10		
Oxytocin Challenge Test	Director Approval		
Paracervical Block	3		
Pelvimetry X-Ray	3		
Post Hemorrhage	Director Approval		
Post Partum D&C	Director Approval		
Pudendal Block	3		
Repair 3rd degree	2		
Repair 2nd degree	2		
Resuscitate Newborn	5		
Septic Work-up	1		
Strongly Suggested			
Shoulder Dystocia	1		
Elective			
Amniocentesis	OB Staff Approval		
Breech Multipara	Director Approval		
C-Section	OB Staff Approval		
Epidural	OB/Anesthesia Approval		
Forceps Low-Rotation	Director/OB Approval		
Spinal Anesthesia	OB/Anesthesia Approval		
Twin Delivery	OB Staff Approval		
Vacuum Extraction	Director Approval		
Tubal Ligation	OB Staff Approval		
Uterine Evacuation Procedure	Director/OB Approval		

*Each resident is certified by the family practice faculty or obstetrics faculty after meeting the established criteria. These procedures are also listed in log book form as in Figure 2 for the convenience of the resident in documenting his/her experiences

Figure 2. Obstetric Procedures

practice,"²² the obstetricians serve as consultants on appropriate cases rather than as the primary attending physicians to the family practice residents. This system allows several advantages over the traditional rotational format:

1. It facilitates role modeling by the family

practice faculty to the family practice residents.

2. It increases the credibility of family practice as residents learn good obstetrical care from their own faculty.

3. It increases direct supervision of family practice residents by their own faculty, thus allow-

