

Maternity and Gynecologic Care

Goal: **Maternity Care:** Provide instruction in the biological and psychosocial impacts of pregnancy, delivery and care of the newborn on a woman and her family. Training includes principles and techniques of prenatal care, management of labor and delivery and postpartum care enabling the resident to manage a normal pregnancy and delivery. In addition, residents receive training in recognition and management of the high-risk prenatal patient, and complications/emergencies in pregnancy, labor and delivery. Training in genetic counseling is available.

Gynecologic Care: Provide instruction in the normal growth and development, diseases of the female reproductive tract, reproductive physiology including fertility, family planning and human sexuality, physiology of menopause and pelvic floor dysfunction. Residents receive instruction and clinical experience in managing emergency problems of the female reproductive system predominantly in the ambulatory setting. Some training preoperative care, assisting in surgery and postoperative care occurs.

Rotational Experience:

Required Rotations

PGY-1 – Maternity Care Experience. During the first year of training, the resident is required to complete 2 months of inpatient obstetrics at UMMC-Fairview. Call averages one in four nights. Throughout the rotations, residents manage normal labor, preterm labor and complications of labor, delivery and the post-partum period. Residents are expected to round on those patients they deliver. There are daily teaching rounds and didactic sessions along with 2 half-days/rotation of ultrasound clinic learning limited obstetrical ultrasound (as allowed by the call schedule). This rotation is supervised by family medicine faculty. Residents are also expected to work with FRWC obstetricians when on call.

Gynecologic Care Experience. During the first year of training, there is no required gynecology rotation.

PGY-2 – Maternity Care Experience. During the second year of training, the resident is required to complete one month of inpatient obstetrics at UMMC-Fairview. Call averages one in four nights. Throughout the rotation, residents manage normal labor, preterm labor and complications of labor, delivery and the post-partum period. There are daily teaching rounds and didactic sessions. Residents spend 2 half-days/rotation in ultrasound clinic learning limited obstetrical ultrasound (as allowed by the call schedule). This rotation is supervised by family medicine faculty. Residents are expected to work with FRWC Obstetricians when on call.

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Gynecologic Care Experience. Completion of a one month gynecology rotation is required during the second year of training. During this rotation, the resident chooses a primary preceptor from the available gynecologists at various locations. While working with their preceptor the resident evaluates and develops treatment plans for gynecologic patients, including assisting in surgery. In addition to the gynecology clinic shifts, the resident is scheduled for colposcopy clinic at Smiley's one half-day per week and accompanies a family medicine faculty to Community University Health Care Clinic to provide one half-day of predominantly gynecologic procedure clinic per week. Additional training in elective termination is available to the resident.

PGY-3 – There is no required maternity care rotation during the third year of training.

Elective Rotations

After completing the intern year, the resident has the opportunity to obtain further training in obstetrics or gynecology through elective rotations. Electives are available at various locations in the Twin Cities and can be arranged at other locations if desired.

Longitudinal Experience:

Continuity Clinic- For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients to include maternity and gynecologic care. Residents are expected to manage a minimum of ten primary obstetric patients during the last two years of training. These patients may come from the resident's own panel of patients or they may be new patients that are assigned by the OB coordinator. Residents are expected to be present at the delivery of their primary patients and round on the mother/infant pair during the hospital stay. Residents are also assigned as partners and share primary responsibilities of their OB continuity patients.

Continuous Quality Improvement- Residents are involved in a continuous quality review of all abnormal pap smears while rotating in colposcopy clinics.

Didactic Sessions:

DFPCH Special Courses – Residents are required to attend several Department-sponsored courses throughout the academic year. Those specific to maternity care include Advanced Life Support in Obstetrics (16 hours) and Introduction to Obstetric Ultrasound (8 hours). The course specific to gynecologic care is Basic Colposcopy (8 hours). Each of these courses is to be completed during the first two years of training.

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FPC Lecture Series - Six hours of structured gyn lectures are scheduled throughout the year as part of the FPC Lecture Series. Up to 8 additional hours are in crossover topics such as surgical, adolescent and behavioral/psych lectures.

Rotation-specific Sessions – Didactic sessions of approximately 20 minutes duration are led by family medicine faculty Monday through Friday during OB rounds. Residents are expected to research a topic during each one month rotation.

Required Skills:

Upon graduation the resident physician will be expected to be competent in the following skills:

Cervical cancer screening with Pap smears

Colposcopy

Cervical biopsy, polypectomy

Endocervical curettage

Endometrial biopsy

Bartholin duct cyst incision and drainage

Contraception counseling

 Oral/injectable

 Intrauterine device counseling,
 insertion and removal

 Diaphragm counseling and fitting

Pre-pregnancy evaluation

Management of Dysfunctional Uterine Bleeding

Management of Abnormal Pap Smear

Prenatal care including initial OB eval, risk assessment and ongoing care

Limited obstetrical ultrasound

Induction of labor

Management of normal labor

Management of preterm labor

Management of dysfunctional labor

Management of intrapartum problems

 hypertension, pre-eclampsia
 fever, infection, non-reassuring
 fetal monitoring, unexpected
 shoulder dystocia, manual
 removal of placenta

Insertion and use of intrauterine pressure catheter including amnioinfusion

Placement of fetal scalp electrode

Normal delivery

Vacuum extraction

Episiotomy and repair to include 3rd degree laceration repair

Pudendal and local anesthesia

Exploration of vagina, cervix and uterus

Management of post-partum problems
 Hemorrhage, endometritis, mastitis

Management of vaginal birth after C-section

First assist in C-section

Evaluation

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Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to longitudinal evaluation by faculty. Evaluation includes review of complications and monthly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Procedure Log - Residents are required to log all procedures into E-value, an electronic evaluation system. This provides a tool for self-assessment and review of all procedures performed to allow for development of an individual education program if needed to fill deficiencies in training. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning.

Total Training Time

Total required rotations: 3

Total didactic hours per year: PGY-1 at least 14

PGY-2 at least 10

PGY-3 at least 6

Special Courses completed prior to graduation 32