OB FELLOW HANDBOOK

Mission

The mission of the Obstetrics Fellowship at the Spartanburg Regional Family Medicine Residency is to provide advanced training in low and high-risk obstetrics, surgical obstetrical experience, and Women’s Health education to family physicians.

Goals

1. Gain competence in operative obstetrics including cesarean sections, vacuum/forceps deliveries, postpartum tubal ligation, dilation and curettage. Provide preoperative and postoperative care for such patients.

2. Learn management of high risk pregnancies in both the acute, inpatient, and outpatient setting.

3. Become proficient at limited obstetric ultrasound

4. Develop skills necessary for initial assessment and resuscitation of the newborn

5. Demonstrate capability to perform minor and office gynecologic procedures

6. Develop competency in teaching obstetric skills and knowledge to family medicine residents

7. Maintain family medicine skills, as well as osteopathic manipulative techniques for osteopathic fellows.

Objectives

By the end of the program, the fellow will be able to:

- Evaluate patients in triage with common obstetric complaints such as abdominal pain, vaginal bleeding and decreased fetal movement and rule out labor, preterm labor, rupture of membranes or fetal compromise

- Manage simple and complex labors including fetal heart monitoring evaluation, augmentation and resuscitative measures

- Induce labor using Pitocin, misoprostol or cervical ripening balloon and know the indications and limitations of each.
- Perform noncomplicated spontaneous vaginal deliveries

- Understand indications and complications of, and perform operative vaginal deliveries (forceps and vacuum assisted)

- Know the indications and complications of episiotomies and be able to safely perform

- Repair vaginal lacerations

- Know the indications and complications of cesarean sections and be able to safely perform

- Manage intrapartum complications such as intraamniotic infection, nonreassuring fetal status, malpresentation, shoulder dystocia, and acute postpartum hemorrhage

- Manage post-operative complications such as endometritis, wound infection, delayed post-partum hemorrhage and ileus.

- Understand indications, risks and complications of, and perform, post-partum tubal ligation

- Understand indications, risks, complications of, and perform, dilation and curettage

- Manage hospitalized antepartum patients, including those with pre-term labor, premature rupture of membranes, pre-eclampsia, diabetes, placental disorders and pyelonephritis

- Assess status, assign Apgars and determine need for resuscitation of the newborn

- Resuscitate and provide initial stabilization for distressed newborns including intubation and umbilical artery and vein catheterizations

- Perform limited obstetrical ultrasound including dating, placenta localization, amniotic fluid index and biophysical profile.

- Manage high risk pregnancies including those complicated by gestational, pre-existent and insulin requiring diabetes, hypertensive disorders, thyroid disorders, obesity, intrauterine growth restriction, substance abuse, multiple gestations, and polyhydramnios.

- Counsel patients regarding genetic screening.

- Provide preconception and contraceptive counseling.

- Perform colposcopies, LEEP, cryosurgery, endometrial biopsies, Nexplanon and IUD insertions in outpatient clinic.
- Diagnose and manage post-partum depression.

- Evaluate and manage common gynecologic complaints including dysfunctional uterine bleeding, infertility, infection, menopausal symptoms, incontinence and pelvic organ prolapse.

- Diagnose various types of abortion and manage medically or surgically.

- Diagnose and manage fetal demise.

- Teach labor and delivery, post-partum and post-operative management to family medicine residents

- See patients in family medicine clinic setting.

**VCOM Obligations**

The Family Medicine OB Fellow position is currently funded by the Via College of Osteopathic Medicine (VCOM); thus, the Fellow must be a Doctor of Osteopathic Medicine. As the College is funding this position, the Osteopathic Fellow shall be available for additional duties at Via College of Osteopathic Medicine- Carolinas. The DO Fellow shall be expected to give ~8-12 hours of time to VCOM per week in the following duties.

1. Work in the PPC/OMM labs all year (Tuesday and Thursday afternoons 2-5 pm when school is in session). When other duties as listed below arise, the Fellow may miss one of both of these labs on those particular weeks.

2. Perform small group reviews on 3-4 occasions/year (occur once per block following SP experience)

3. Give 6 lectures per year, the majority of which shall be given in Block 6 (Reproductive Health)

4. Precept at least one day/year in the Pelvic Model Program

5. Facilitate in the SimOB Labs on two occasions/year

6. Work in the medical procedures labs for female and surgical procedures (ex. suture lab) on two occasions/year

7. Meet with the Student ACOFP group (and OB student interest group) at least once/year to talk about the fellowship
8. Perform other duties to assist the Division Chair on Obstetrics and Gynecology as necessary in addition to above responsibilities, but not to exceed a total of 8-12 hours per week devoted to VCOM.

**Call Schedule**

Take 8 calls per month and come in for any cesarean sections or for other additional assistance on the Regional Ob/gyn service. Take call one weekend per month which will consist of leading rounds each morning and then taking home call for any cesarean sections on the Regional Ob/gyn. All call can be taken from home, however the Fellow needs to be immediately available. If the Fellow does not feel that they are immediately available when at home, then arrangements will be made so the call could be in-house.

**Rotations**

The Fellow will be primarily on Labor and Delivery. If there is a lull on L&D in the AM, then the Fellow may choose to assist with Regional Ob/Gyn Clinic, however the responsibilities lie with Labor and Delivery. Afternoons that are listed below as L&D/ROB, the Fellow will be assigned to the Regional Ob/Gyn Clinic, but Fellow may go to L&D for operative deliveries during that time. March and May will continue with every additional time spent in either Maternal Fetal Medicine, NICU

**JULY- FEBRUARY, APRIL, & JUNE SCHEDULE**

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**MARCH SCHEDULE (MFM month)**

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**MAY SCHEDULE (NICU month)**

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L&D - Labor and Delivery
NICU - Neonatology

ROB - Regional Ob/Gyn Services Clinic

CFM - Center for Family Medicine Clinic (Chesnee)

MFM - Maternal Fetal Medicine Services

VCOM (OMM) - Precept Osteopathic Medicine and Manipulation lab at VCOM

VCOM (OB) - Assist Ob/Gyn Division Chair at VCOM

ROB/VCOM - Unless VCOM duties require, will be in Regional Ob/Gyn Clinic

L&D/VCOM - Unless VCOM duties required, will be on Labor and Delivery

LABOR AND DELIVERY

Responsibilities:

Pre-round on L&D board and antepartum patients prior to 7:15am. Round on all post-operative patients prior to 7:15am.

Complete all paperwork (H&P, consents, orders) pertaining to operative patients (c-sections, post-partum tubals and D&C’s) and meet patient prior to surgery start time.

Lead rounds starting at 7:15am under supervision of attending on call.

Scrub in on all c-sections, D&C’s and post-partum tubals on the Regional OB service while scheduled on Labor and Delivery.

Maintain presence on L&D to be available for complex labors and operative deliveries.

Supervise resident admissions and management of antepartum and post-partum patients.

Teach family medicine interns on obstetric service basic obstetric skills such as triage evaluation, cervical exams, placement of IUPC, FSE and cervical ripening balloons, vaginal delivery, laceration repair, and management of shoulder dystocia and post-partum hemorrhage.

If there are no laboring patients being actively managed or patients in triage, assist with patient care in Regional Ob/Gyn clinic.
REGIONAL OB/GYN SERVICES CLINIC

Responsibilities:
Provide patient care under supervision of Obstetrician/gynecologist attending in Regional Ob/GYN Services clinic including obstetric and gynecologic care.

MATERNAL FETAL MEDICINE

Responsibilities:
Observe and participate in diagnosis and counseling of patients with perinatal complications seen in Maternal Fetal Medicine office.

Attend one week Obstetric Ultrasound workshop at Wake Forest University in November or March (ideally November).

NEONATOLOGY

Responsibilities:
Participate in well baby nursery rounds at 7:30am.

Attend all low risk deliveries and assist nurses with initial stimulation and assignment of Apgar scores to newborn.

Attend all high risk deliveries with NICU team and assist with assessment and resuscitation of newborn.

Obtain NRP certification

EVALUATIONS

The Fellow will be evaluated at the end of each month, with the first evaluation to be routinely on August 31st unless the Fellow is “off-cycle”. The evaluations will be a consensus among the Regional Ob/Gyn physicians. The competencies expected are listed below.

Aug 31 (Eval #1)- L&D eval

- Knows Blood supply of pelvic structure
- Knows name and relation of pelvic structures
- Knows layers of dissection
Knows different characteristics of structure (natural vs synthetic, absorbable vs non absorbable, monofilament vs braided)
Knows how to tie one handed and two handed knots

**Sept 30 (eval #2)- clinic eval**

- Can develop differential for dysfunctional uterine bleeding and amenorrhea in various age groups
- Can counsel patients accurately on risk, benefits, side effects and use of various contraceptives
- Knows what testing is indicated at various points in pregnancy
- Can counsel patients of genetic screening (first trimester screen, amino and quad screening)
- Can develop differential for infertility
- Knows evaluation for pre-eclampsia

**Oct 31 (eval #3)- L&D eval**

- Demonstrates awareness of vascular structures and ureters
- Knows how different characteristics of suture give suture different properties
- Can correctly verbalize next step of cesarean during procedure
- Can demonstrate one handed and two handed knots
- Can describe how to diagnose fetal position prior to delivery and knows why this information is important for application of forceps or vacuum
- Knows evaluation for pre-eclampsia, PPROM and preterm labor

**Nov 30 (eval #4) - clinic**

- Can evaluate and manage dysfunctional uterine bleeding and amenorrhea
- Can evaluate and begin initial management of infertility
- Knows indications for endometrial biopsy and colposcopy
- Can evaluate for ectopic pregnancy and abortion
- Can insert nexplanon and IUD
- Can perform endometrial biopsy
- Can perform cervical biopsy

**Dec 31 (eval #5) - L&D eval**

- Understand indications for cesarean section
- Can identify complications of cesarean section
- Can dictate op note from memory
- Can consistently identify fetal position prior to delivery
Jan 31 (eval #6) - clinic

- Can consistently identify abnormal areas on colposcopy
- Can accurately perform 1st trimester dating ultrasound
- Can manage ectopic pregnancy and abortion
- Can manage gestational and preexistent diabetes

Feb 28 (eval #7) - L&D eval

- Utilizes understanding of anatomy to perform postpartum tubal
- Demonstrates how to manage post-operative complication of cesarean section
- Is knowledgeable about the most common forceps used, their advantages and indications

March 31 (eval #8) - MFM or NICU MFM

- Can perform biophysical profile, 2nd trimester dating ultrasound and placental localization
- Knows when antenatal testing and early delivery are indicated

NICU

- Can provide initial resuscitation, ventilation, intubation and umbilical artery catheterization of distressed newborn
- Understands when transfer to a hospital with advanced care capabilities is indicated

April 30 (eval #9) - L&D eval

- Can act as primary surgeon on primary cesareans with resident or medical student assisting
- Demonstrates competent management of intra op complications (uterine artery ligation, atonic uterus, cervical extension of uterine incision, etc.)
- Can perform stat c section quickly and efficiently

May 31 (eval #10) - L&D eval

MFM

- Can perform biophysical profile, 2nd trimester dating ultrasound and placental localization
- Knows when antenatal testing and delivery are indicated
NICU

- Can provide initial resuscitation, ventilation, intubation and umbilical artery catheterization of distressed newborn
- Understands when to transfer to a hospital with advanced care capabilities is indicated

June 30 - final evaluation

- Has developed own technique for cesarean section (suture choices, closing of peritoneum or rectus, irrigation or not, etc.) and can defend choices
- Can independently act as primary surgeon for complicated cesarean sections
- Can independently act as primary surgeon of post-partum tubal ligations and d&c’s