Progression of Training and Skills
Obstetrics

Preamble
The Residency Program expects that those residents wishing to develop the knowledge, practical skills and judgment necessary for "full spectrum practice" will recognize the contribution of obstetrical care. These attributes are acquired incrementally which is challenging when patients present randomly with differing degrees of diagnostic and management complexity. The rate at which these competencies will be acquired is outlined for each month of obstetrical experience, with corresponding adjustments in responsibility and supervision.

The resident will have five blocks (28 days) dedicated to participating in deliveries and providing prenatal and post-partum care.

The resident must complete one ABFM Part II obstetrics module during his/her first or second obstetrics rotation.

Goals
• An appreciation of the important role of obstetrics in full spectrum family medicine practice
• An understanding of the physiology in normal pregnancy, labor and delivery, and the pathophysiology in common disorders of same
• Competence in the diagnosis and management of common obstetrical presentations
• Competence in the procedural skills associated with pregnancy and labor

Objectives
• Ability to perform a concise obstetrical history and physical examination without errors of omission
• Ability to recognize normal labor curve with associated progressive changes on examination and to expeditiously recognize departures from same
• Competence in the recognition and management of disease processes associated with pregnancy and labor
• Competence in the performance of standard procedures associated with labor and delivery
• Competence in the provision of analgesia for the laboring patient
• Competence in the care and assessment of the newborn
• Awareness of personal limitations and timely recognition of need for consultation
• Effective and compassionate communication with patients and families

The goals and objectives are achieved through a combination of structured inpatient/outpatient experience, together with didactic instruction.
Definitions

• **Direct supervision** – the supervising physician is physically present with the resident and patient

• **Indirect supervision with direct supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

• **Indirect supervision with direct supervision available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

• Progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident, is assigned by the program director and faculty. Faculty members functioning as supervising physicians will delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

• In general, the emphasis in the first year is on maturation of history taking, physical examination, assessment and presentation. The first-year resident will be guided toward a practical understanding of the current electronic medical record and its operation. Organization, presentation, and documentation of clinical material will be demonstrated and modeled. Throughout, direct supervision will be provided. It is anticipated that resident progress will have occurred to permit "indirect supervision with direct supervision available" by the second year and is a program requirement for advancement.

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Please see Wanda for suggested reading material. (Williams Obstetrics)