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Development of a Graduate Medical Education Program in Obstetrics and Gynecology in a Community-Based Hospital: Building Blocks and Rate of Progress

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Continued growth of a new OB/GYN residency program in a community based hospital: An 18 month update

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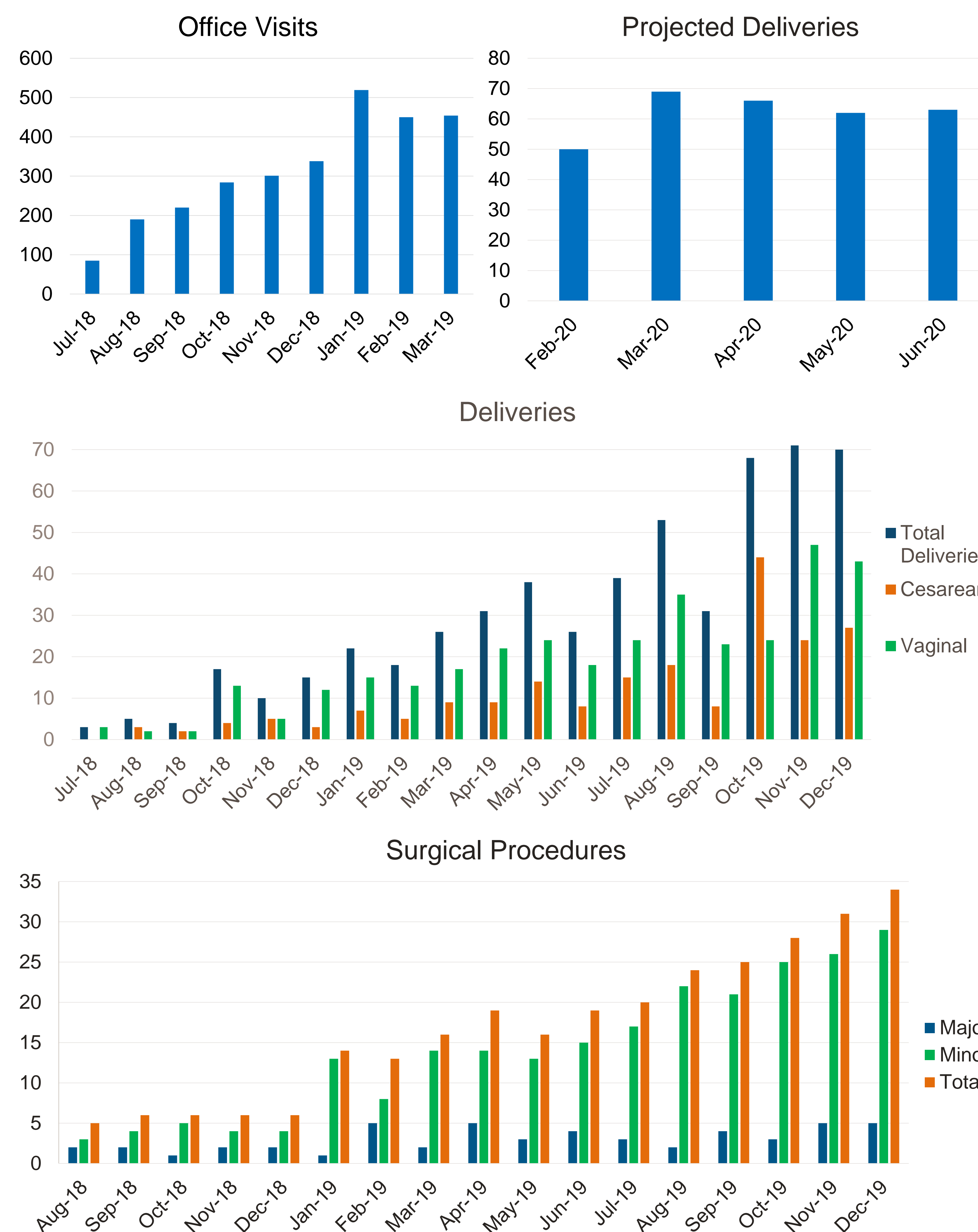
Introduction

The need for trained obstetricians and gynecologists continues to increase as the US adult female population is expected to increase by more than 20% by 2045¹. While applicants to OBGYN programs continue to increase, with 2018 to 2019 seeing an increase from 1879 to 2026², the positions available have remained relatively stable, 1336 available in 2018 to 1395 in 2019². The ongoing advances in women's health care requires well trained physicians that can only be achieved by a well structured residency program that provides a reliable training infrastructure while maintaining a patient centered care model. Little is known about the start of a new OBGYN residency and the rate of growth needed to meet the ACGME training requirements. This residency program started July 2018 with four PGY1 and one PGY2 residents. In addition, Family Medicine, Transitional Year and Internal Medicine residents are trained in this new Residency practice. Currently, there are 9 total OB residents, and it is expected to have a full class of 16 by July of 2021.

Methods

For this residency program, we started a new OBGYN medical practice and all residents were involved in building, maintaining and growing the practice under direct supervision of senior attending physicians. We collected data reflecting the growth of the practice, including number of patient office visits, imaging studies, minor operative procedures, major operative procedures, and deliveries to reflect the training curriculum required by ACGME to complete OBGYN training. The reporting function in our office electronic health recording system, AthenaHealth, was used to collect the actual numbers of visits, ultrasounds performed by the technician, and ongoing pregnancies. All deliveries for the residency practice were contemporaneously entered into a spreadsheet since the practice inception. Detailed information about the delivery, pregnancy risk factors and post-partum complications were tracked prospectively. Data was abstracted for this report from AthenaHealth. Detailed information on the number and type of gynecologic surgeries were obtained through the hospital operation room reporting system.

Results



Office visits, ultrasound visits, surgeries, total and projected deliveries were tracked from July 2018 to December 2019. We increased our office visits from 85 in July to 454 in March, with 519 in January due to an extra resident in the ambulatory setting. US visits increased from 0 to 132 in the same time interval. GYN surgeries rose from 0 in July to 34 per month by December 2019, with major surgery classified as hysterectomy via any method. All deliveries increased from 3 in July to 70 in December 2019. Projections through June are for over 60 deliveries per month, not including service patients delivered (approximately 6-12 per month). Cesarean rates are difficult to calculate accurately due to low numbers. Overall, we saw a substantial growth in all of our office visits, ultrasound visits, surgical cases, and total deliveries, which has increased fivefold in the most recent 12 month span.

Discussion & Conclusion

The growth seen in the new residency practice is appropriate to date, but continued growth will be needed. To meet the ACGME training requirements for an OBGYN Residency Program, the addition of new residents each year until a full complement of 16 is reached will provide opportunities for expansion. The goal for deliveries is 80 per month for approximately 1000 residency practice births per year. Projections show this will require about 1000 return OB visits per month, which can be accomplished with a full program of 16 residents. The program is close to the goals set out to achieve by 2021, when this program will have a full compliment. We have also added 4 new full time faculty to help staff the clinics and increased our volume. Along with growing OB visits, the ability to see more GYN patients will allow for additional surgical opportunities in both major and minor cases as patient need increases. This report does not include deliveries and surgeries performed with private practice physicians on staff who provide necessary experiences and help residents achieve the needed goals for graduation. These opportunities have increased with private practice physicians working with the residents more and trusting our surgical skills. The objective of producing more well trained OBGYNs will need the development of further residency programs and sufficient growth for a practice to meet training requirements. Especially in a time when the desire for subspecialty training is rising substantially, with 807 applicants in 2019³, a good foundation of training is essential for those that wish to pursue careers as generalists. We hope that our experience in developing a new program will help those that wish to follow.

References

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