The OB/GYN Clerkship in a Longitudinal Curriculum: Unique Challenges and Opportunities
The OB/GYN Experience

Andrea Currens, MD, MAHEC, Asheville, NC
Amanda Flicker, MD, USF-Lehigh Valley campus
Laurel Berry, MD, PGY IV, MAHEC OB/GYN Residency
Brittany Papworth, MS IV, UNC SOM Asheville Campus
Objectives

- Review present data on current models of ob/gyn in longitudinal curricula at other institutions

- Compare and contrast our two different longitudinal models with respect to how ob/gyn is incorporated

- Discuss unique benefits, challenges, and opportunities that the ob/gyn clerkship provides from the perspective of students, faculty, and residents.

- Share strengths and challenges for ob/gyn at their home institutions and brainstorm opportunities for improvement considering the models shared in the session.

- Participants will leave with the following:
  1. Use of templates of two working OB/GYN longitudinal curricula
  2. Understanding of challenges and opportunities specific to the OB/GYN clerkship in a longitudinal curriculum
  3. Ideas for improvement in clerkship or curriculum design for their home institution.
General Outcomes for Students in Longitudinal Curriculum

Laurel Berry, MD
MAHEC OB/GYN Resident
PGY IV
Institutions with Longitudinal Curricula

- Florida State University College of Medicine
- University of North Carolina*
- University of South Florida*
- University of California, San Francisco
- Harvard Medical School
- University of Hawaii
Longitudinal Students

- Students demonstrate:
  - Richer perspective on the course of illness
  - More insight into social determinants of illness and recovery
  - Increased commitment to patients

- Longitudinal Student specific to OB/GYN when compared to the traditional clerkship.
  - Higher student satisfaction
  - Higher performance in clinical skills testing
    - Students perform a greater number of pelvic exams and pap smears when they are enrolled in a longitudinal curriculum.
  - Increased student observation and personal feedback
OB/GYN Match Impact

“A higher proportion of students in the longitudinal integrated clerkship program matched into Ob/Gyn residency than from the traditional clerkship program. The longitudinal integrated clerkship at this academic medical center has resulted in overall higher student interest in Ob/Gyn. The longitudinal clerkship is an important approach to increasing recruitment in Ob/Gyn.“—Lager (University of California, San Francisco).
OB/GYN in the 3rd year at UCSF

- PISCES Program Core Clerkship one year at Mission Bay, Mount Zion, and Lakeshore during which students carry their own panel of pregnant patients and work with the ob-gyn faculty preceptors over the year.

- UCSF Longitudinal Experience: PISCES (Parnassus Integrated Student Clinical Experiences)
  - 3rd year students follow 50-80 patients for an entire year.
  - Longitudinal Integrated Clerkship (LIC) where students spend half a day in one of 12 medical/surgical specialty clinics during a repeating 2 week schedule
  - There are several six week blocks throughout the year for inpatient/on call rotations.

- Additional Two-Week Electives After the Core: gynecologic oncology, reproductive-endocrine or advanced obstetrics.

- Career meetings several times a year re: logistics of how to match in Ob-Gyn, matching students dinner where matched students tell their interview stories, and dinner at faculty homes.

- Big Sib Mentoring program with residents available.
References


- Lager, J; Chan, S; Poncelet, A; Teherani, A; Robertson, P; A Comparison of Longitudinal and Traditional Ob-Gyn Clerkships in Medical Student Satisfaction and Performance. University of California, San Francisco. 2013 CREOG and APGO Clinical Meeting Poster Presentation.


- Musindi, W; Nwomeh, B; Meyers, L; Watson, D, Sinclair, L; Harzman, A; Use of Longitudinal Preceptors during an Integrated Ob/Gyn and Surgery Clerkship. Ohio State University. 2014 CREOG and APGO Clinical Meeting Poster Presentation. Signs of Progress in Women’s Health Education.


Serves Western North Carolina

Not for profit independent community hospital system

1000 physicians, 763 beds

13,479 annual inpatient/2
1,290 outpatient surgeries

3,500 births

51 bed Level III NICU

Level II trauma center

38,131 admissions

101,579 ER visits
UNC School of Medicine Asheville Campus

- Collaboration with UNC SOM, Mission Hospitals, MAHEC
- Started in 2009 with 4 students
- 10 students in 2012-2013 and 2013-2014
- 20 students for 2014-2015 and 2015-2016
- OB/GYN and surgery remained in traditional block (followed 2 longitudinal pregnant patients) until 2013 when OB/GYN became longitudinal
- Rural Scholars started in 2013
  - 6 students chosen in winter and make up part of the 20 students
Structure of Longitudinal Program

- 12 weeks of inpatient
  - 10 students start on 10 week inpatient block
    - 5 weeks surgery (2 general, 2 rural, 1 subspecialty)
    - GYN/GYN Oncology surgery
    - Labor and delivery days or nights (another in the spring)
    - Neurology
    - Inpatient Medicine (another in the spring)
    - Inpatient pediatrics
  - 10 start on 10 week longitudinal ambulatory

- Cardiology, radiology, ER shifts scheduled intermittently

- Same preceptors half day/week (internal med, fam med, pediatrics, psych) or every other week (OB/GYN and Neuro) in core specialties
<table>
<thead>
<tr>
<th>Number of weeks</th>
<th>Group A</th>
<th>Group B</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Orientation</td>
<td></td>
</tr>
<tr>
<td>10 weeks</td>
<td>Inpatient weeks</td>
<td>longitudinal</td>
</tr>
<tr>
<td>10 weeks</td>
<td>Longitudinal</td>
<td>Inpatient weeks</td>
</tr>
<tr>
<td>1 week</td>
<td>Surgery Shelf and OSCE</td>
<td></td>
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<tr>
<td>2 weeks (during below 27 weeks)</td>
<td>Remaining inpatient weeks (OB, Medicine)</td>
<td></td>
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<tr>
<td>27 weeks</td>
<td>Longitudinal</td>
<td></td>
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<tr>
<td>3 weeks</td>
<td>Holiday (winter and spring breaks)</td>
<td></td>
</tr>
<tr>
<td>Shelf exams</td>
<td>Every other week starting in March (OB, Psych, Ambulatory Med, Inpatient Med, Family Med, Neuro)</td>
<td></td>
</tr>
<tr>
<td>Session</td>
<td>Monday</td>
<td>Tuesday</td>
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<td>-------------------</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Round on Inpatients / AM Conferences, Master Clinician, or Radiology</td>
<td></td>
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<tr>
<td>(occasional)</td>
<td></td>
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<tr>
<td>8:30 AM -12:30 PM</td>
<td>Internal Medicine OP</td>
<td>Testing or Self-Directed Learning</td>
</tr>
<tr>
<td>1:30 PM-5:30 PM</td>
<td>Self-Directed Learning</td>
<td>OB-Gyn* OP</td>
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</tbody>
</table>

*Meets every other week

Three (5 hr.) shifts in Emergency Room each month
Other sessions

- Cardiology - ~18 sessions per student this year about 8 individual + echo and cath labs and then 6 case reports/didactics sessions as group
- Radiology - 20 sessions per student
- ER - 3 five-hour shifts per month
- Ethics - once a month for each group of 10 students
- Monthly evening ‘Art of Medicine’ sessions-at a faculty home
- Monthly Master Clinician series-multidisciplinary case presentations
Why Longitudinal Programs Work

- Relationship and continuity of Ps
  - Preceptors, Patients, Place, Peers

- Autonomy/Authentic roles with patients

- White space/Flexibility of unscheduled half days for self-directed learning
INPATIENT BLOCK-RESIDENT TEAM

- OB DAYS
- OB NIGHTS
- GYN ONCOLOGY (and some benign GYN)
Longitudinal Outpatient block-
FACULTY PRECEPTOR

- MAHEC faculty preceptor, Asheville community preceptor, or rural community preceptor
- A half day every other week (about 15 half days)
- Some students will have 8 full days through the year (rural sites)
Clinical Outpatient Opportunities

- Centering Pregnancy
- Genetics/Ultrasound
- Behavioral Medicine

Nutritionist

Specialty clinics:
- Colposcopy clinic
- Vulvar Clinic
- Breast Clinic
- Urodynamics
- Pediatric/Adolescent GYN
Early Outcomes of the Asheville Longitudinal Curriculum

Brittany Papworth, MS IV
UNC School of Medicine, Asheville Longitudinal Campus
Important Outcomes

- High Shelf and Step 2 scores
- Residency matches top choices
  - High primary care rate
- Wide variety of clinical exposure to patients
- Maintain empathy and patient centeredness (rather than “ethical erosion”)
- High student satisfaction
Outcomes of the Asheville Longitudinal Curriculum

- Compared UNC School of Medicine students completing Traditional Block Rotations (TBRs) with Longitudinal Integrated Clerkships (LICs)
  - Step 2 CK

- Subject Group
  - Asheville LIC students from 2009-2012 (n=27)
  - Chapel Hill TBR students who enrolled in 2007-2010
  - Propensity Score Matching established 27 matched pairs for comparison samples

Summary of Findings: Exams

Note: At time of study, surgery and OB-GYN rotations followed a traditional block format.
Summary of Findings: Clinical Logs

*In addition to core requirements, AVL logs also have space to record ethical concerns, which are subsequently discussed in small group sessions.

*TBR students fill out the log for each block and cannot change it once the block ends.
SELECT
Experiences for a lifetime. A network for life.™
University of South Florida
- In Pennsylvania??
Primary Teaching Hospitals/Affiliates

Tampa General Hospital
U.S. News & World Report has ranked Tampa General Hospital as one of the top 50 hospitals in six medical specialties and the number three hospital in Florida nationally for 2015-16.

Moffitt Cancer Center
Moffitt Cancer Center was ranked as the number one cancer hospital in Florida, and number 18 nationwide, based on the U.S News Best Hospitals for Adult Cancer Care rankings.

All Children’s Hospital

Morsani Center for Advanced Healthcare

James A. Haley VA Hospital
### Curriculum

- **Primary Care**
  - FM, IM, Peds with *Ambulatory Women’s Health*
  - 12 weeks

- **Maternal Newborn Care**
  - Inpatient for 4 weeks

- **Surgery**
  - *Gyn surgery* (2 weeks)

### Considerations

- Three opportunities to interact with the students
- No change in applicants to ob/gyn residency
Lehigh Valley Health Network
### Third year curriculum

#### Inpatient
- Adult Medicine
- Neurology & Psychiatry
- Women’s Health & Pediatrics
- Surgical Care

#### Outpatient

<table>
<thead>
<tr>
<th>Intro to Clerkships</th>
<th>Adult Medicine</th>
<th>Neurology &amp; Psychiatry</th>
<th>Women’s Health &amp; Pediatrics</th>
<th>Surgical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>M PC</td>
<td>M PC</td>
<td>NP PC</td>
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**SELECT Curriculum ½ day per week**

- Longitudinal primary care
  - Family medicine – yearlong
  - General pediatrics – 6 months
  - Internal medicine – 6 months
<table>
<thead>
<tr>
<th>Where is ob/gyn?</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Health and Pediatrics</td>
<td>Ob/gyn is not part of longitudinal curriculum, but is integrated throughout curriculum</td>
</tr>
<tr>
<td>Ambulatory women’s health in one 3 week outpatient segment of WHP</td>
<td>Students are questioning the true “integration” of women’s health and pediatrics</td>
</tr>
<tr>
<td>Obstetrics in one 3 week inpatient segment of WHP</td>
<td>Planning to undergo curriculum review and revision in the next year</td>
</tr>
<tr>
<td>Surgical care</td>
<td></td>
</tr>
<tr>
<td>Gyn surgery for one week of 3 week inpatient surgery segment</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes??

- Too new to tell
- Difficult to compare exam outcomes
Small Group Work #1
10 minutes

- What do you see as the strengths/advantages of each curriculum?
- What do you see as the challenges/disadvantages of each curriculum?
Small Group Work #2
10 minutes

- Consider what it might take to implement one of these curricula at your institution.
  - What assets do you have to allow it to work?
  - What are the challenges you see?
Small Group Work #3
10 minutes

- What would you add or change to these curricula to make them more successful for ob/gyn?

- Where/how does ob/gyn fit into LIC?
Share – Advantages
Benefits

- Continuity of preceptor
- Continuity of location
- Continuity of peers
- Continuity of patients-follow a pregnant patient
- Improved humanism
- Improved ability to assess development of competencies
- Improved ability to give feedback
- Improved ability to imagine practicing in various specialties
- ‘white space’ flexibility for multidisciplinary experiences/continuity experiences
- Longterm experience with students-help with local residency recruitment/selection
- Exposure to multiple EHR
- Opportunity for understanding how pts access care-follow to colonoscopy, PT, etc
Challenges
Challenges

- Scheduling to coordinate continuity of patients
- Scheduling with OB/GYN preceptors (variety of call/inpatient/outpatient responsibilities)
- Gender pairing/pt acceptance
- Single preceptor—may be positive or negative

- Community preceptor development
- Varied experience with skills development depending on preceptor
- MAHEC-less experience with traditional resident team/hierarchy—prep for residency expectations
- Exams—all at end of year
Share - implementation
Share – Ob/gyn in LIC
Opportunities/Ideas

- Interdisciplinary teaching/learning-nursing, pharmacy
- Cross specialty discussions-Art of Medicine, Master Clinicians
- Centering Pregnancy
- Creating “Student Schedules” - sooner openings with a student vs wait for provider