

Alexander D. Brickler, MD Fellowship in Obstetrics at the Tallahassee Memorial Family Medicine Residency Program

Since 1971, the Tallahassee Memorial Family Medicine Residency Program (FMRP) has attracted students from across the country and beyond to train as primary care physicians. Beginning with the efforts of long-time faculty and Tallahassee legend Dr. Alexander D. Brickler in 1979, the fellowship has also offered additional training in operative obstetrics to interested graduates of family medicine residency programs. More recently, the fellowship has undergone expansion through the Leaders in Maternal Health (LMH) HRSA grant, with the purpose to increase the numbers, competencies and impact of the primary care maternal health physician workforce to achieve more optimal and equitable maternal-child health outcomes in Florida's underserved Big Bend / Panhandle region.

Obstetrics Fellowship Description

Duration: One year

Prerequisite Training/Selection Criteria:

- Completion of a three-year family medicine residency program
- Able to obtain active Florida medical license by fellowship start
- Board Eligibility/Certification in Family Medicine by ABFM
- (Optional) Prerequisites specific to the degree program in which the fellow is enrolling

Goals of Training:

- Demonstrate competency as primary surgeon in cesarean section, intraoperative tubal ligation, postpartum tubal ligation, and dilation and curettage for management of spontaneous abortion.
- Implement management decisions based on appropriate indications and contraindications for inductions and for interventions in the laboring patient including operative delivery, augmentation of labor and resuscitative measures.
- Deliver evidence-based and patient-centered care to low-, moderate- and high-risk OB patients across the continuum of care (prenatal, triage, labor and delivery, inpatient postpartum, outpatient postpartum and interconceptual).
- In accordance with the LMH fellowship expansion, lead efforts in community prevention, maternal mental health, and government advocacy.
- Engage in group-based care and telehealth to provide more consistent and comprehensive care.
- Increase fund of knowledge and develop teaching skills to the point of functioning effectively in formal and informal teaching of family medicine residents and medical students.
- Contribute to oversight of mid-level providers and quality improvement exercises with respect to the existent practices of the current OB providers.
- Maintain ongoing development of general family medicine knowledge and skills through ongoing practice of that field of medicine.

- Demonstrate competency in office-based gynecologic procedures such as colposcopy, LARC counseling/insertion/removal, etc.
- (Optional) Obtain privileges at Tallahassee Memorial HealthCare to practice operative obstetrics.
- (Optional) Obtain certification from the Board of Certification in Family Medicine Obstetrics (American Board of Physician Specialties).

Resources

Teaching staff (referred here on as “OB faculty”): H. Whit Oliver, MD; Tanya Evers, MD; Kaitlin McGrogan, DO; Gregorie Elie, MD; Kathy McKeon, CNM; Margaret Canter, CNM; Miriam Gurniak, CNM; Karen Honn, CNM; Catharina Williams, CNM; Heather Stroh, CNM; Brittan Osborn, CNM; Rick Hume, MD; William Dobak, MD; and Adanna Amanze, MD. This group currently represents those directly involved in OB services provided by the TMH FMRP.

FSU Academic Faculty (if pursuing MPH): George Rust, MD, MPH; Heather Flynn, PhD.

Facilities: Tallahassee Memorial HealthCare’s Main Hospital, Tallahassee Memorial Family Medicine Residency Program, Wakulla County Health Department, Taylor County Health Department, TMH Physician Partners – Primary Care in Quincy, Blountstown and Franklin County, Madison County Health Department, Jefferson County Health Department, Bond Community Health Center, TMH Physician Partners –Maternal-Fetal Medicine and Tallahassee Perinatal Consultants.

Educational Program

OB fellows are selected from within the graduating class of family medicine residents at the TMH program and external BC/BE family medicine practitioners, more likely those recently graduated but also to include consideration of those who may have been practicing and wish the additional training.

A combination of inpatient and outpatient experiences serves to meet the goals as stated above. Fellows provide direct patient care and supervise family medicine residents and medical students in the above settings. Specific responsibilities include:

1. Inpatient care
 - a. Obstetrics
 - i. Manage triage, inductions, labor and delivery, antepartum and postpartum in conjunction with OB faculty, supervising residents and medical students, when present.
 - b. Family Medicine
 - i. Provide consultation on obstetrical patients with general medical issues.
 - ii. Provide inpatient medicine call coverage as needed/desired.

2. Procedural (target numbers are goals; more or less may be required for competency)
 - a. Complete enough cesarean sections to have proven sufficient skill for solo practice thereafter. Goal: 70 minimum. Fellows typically finish with over 100.
 - b. Complete enough of the following to demonstrate sufficient skill for solo practice:
 - i. OB ultrasound
 - ii. Assisted vaginal delivery
 - iii. 3rd/4th degree laceration repair
 - iv. Postpartum tubal ligations
 - v. Intrapartum tubal ligations
 - vi. D+C
 - vii. First assist hysterectomies
 - c. Develop procedural competency in colposcopy, LARC counseling/insertion/removal, etc. if desired.
3. Outpatient care
 - a. Obstetrics
 - i. Provide coverage for OB/PP acute visits when continuity provider is unavailable.
 - ii. Provide primary care for selected high-risk OB patients.
 - iii. In conjunction with faculty, precept resident OB/PP visits.
 - iv. Supervise midwife care at outlying county health departments as needed.
 - v. Attend various ultrasound clinics for competency in basic skills and for exposure to advanced ultrasound as desired.
 - b. Family Medicine
 - i. Continue to provide continuity and acute family medicine as needed/desired.
 - ii. In conjunction with faculty, precept resident visits.
4. Care Management and Quality Improvement
 - a. Participate in monthly QA meeting, reviewing c-sections and complications in OB care with the rest of TMH's OB providers.
 - b. Outpatient high-risk chart review. Call attention to potential lapses in care. Follow management of high-risk conditions for edification. Attend monthly outpatient high-risk meeting.
 - c. Complete QI project if desired.
 - d. Complete a "best practice guideline" research project if desired.
5. Didactics
 - a. Periodically present a topic to residents and medical students on service or at large depending on scheduling.
 - b. Monthly journal club with OB faculty.
 - c. (Optional) Complete coursework and practical efforts sufficient to finish training with an advanced degree such as an MPH.

Supervision and Evaluation

OB faculty provide direct and indirect supervision of the fellow in all aspects of patient care. Fellows are expected to bring critical patient care issues and any questions in management to faculty immediately. OB faculty are expected to respond to all such fellow inquiries in a timely fashion.

OB faculty must provide back-up coverage to the fellow at all times, in the event that the care needs of the patient exceed the skill or comfort of the fellow. In particular, it is the aim of the fellowship to provide direct supervision for all of the procedural responsibilities noted in the last section and, specifically, to assist the fellow in every cesarean section.

Fellows are evaluated on a periodic basis with respect to acquisition of expected experience, progression of procedural skills, and development of knowledge and clinical reasoning. Adjustments in emphasis of fellow responsibilities are made on individual bases to balance exposure to educational opportunities. The evaluations are made by gathering verbal and written comments from all OB faculty and reviewing these comments in a meeting attended by the core faculty and the fellow. Assessment of the progress of the fellow towards the above goals is made and recorded. Inadequacies and plans to correct them are made and recorded. The records are then kept by the core faculty and fellow in duplicate.

Disciplinary action (if required) and the process of handling grievances from the fellow are handled according to the provisions of the family medicine residency program.