

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

Since 1971, the Tallahassee Memorial HealthCare Family Medicine Residency Program (TMH 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 nonsurgical fellowship was added for those seeking to complement this obstetrical training with experiences in community health and other domains so as to better equip themselves for service in rural and underserved areas.

Nonsurgical Obstetrics Fellowship Description (Please reference Surgical Obstetrics Fellowship Description for more information on that opportunity.)

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
- Prerequisites specific to the degree program in which the fellow is enrolling

Goals of Training:

- Achieve competency in and utilize maternal child health (MCH)-focused population health / community prevention skills in the delivery of maternal health care for the patients of the TMH FMRP.
- Achieve competency in and utilize skills in maternal mental health and substance use in the delivery of maternal health care for the patients of the TMH FMRP.
- Work through local and state Departments of Health (DOH) to create rapid-cycle feedback loops from actionable maternal health data to community-partnered interventions to measurable outcome improvement in maternal deaths or serious adverse events and racial-ethnic disparities in perinatal outcomes (e.g., very low birth weight births).
- Transform existing services of both on-site and tele-health prenatal care in surrounding rural counties, utilizing population health / community prevention methodologies to achieve more optimal and equitable MCH outcomes.
- Augment rural obstetric visits with group-based prenatal care with in-depth coverage of topics such as mental health, nutrition, domestic violence, family planning, dental health, newborn care/safety, etc.
- 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 post-partum, outpatient post-partum and interconceptual).

- 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.
- 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.
- (Optional) Demonstrate competency in office-based gynecologic procedures such as colposcopy, LARC counseling/insertion/removal, etc.

Resources

Teaching staff (referred to here on as “OB faculty”): Starr Ball, DO; Gregorie Bupe, MD; Tanya Evers, MD; Kaitlin McGrogan, DO; H. Whit Oliver, MD

-Karen Honn, CMN; Miriam Gurniak, CNM; Kathy McKeon, CMN; Heather Stroh, CMN; Catharina Williams, CNM

-Roderick Hume, MD; William Dobak, MD; Adanna Amanze, MD

This group currently represents those directly involved in OB services provided by the TMH FMRP.

FSU academic faculty: George Rust, MD, MPH; Heather Flynn, PhD.

Facilities: Tallahassee Memorial HealthCare, Tallahassee Memorial HealthCare Family Medicine Residency Program, Wakulla County Health Department, Taylor County Health Department, TMH Quincy Family Medicine, Madison County Health Department, Jefferson County Health Department, Bond Community Health Center, TMH Physician Partners – Blountstown, TMH Physician Partners – Franklin County, TMH Physician Partners – Center for Maternal-Fetal Medicine, and Tallahassee Perinatal Consultants

Program Rationale

The rationale for the addition of the nonsurgical obstetrics fellowship to the existing surgical fellowship stemmed from an intersection of needs and opportunities. Foremost was the ongoing need in the Big Bend of Florida for high-quality prenatal care. In addition to providing care for the underinsured and otherwise marginalized populations of Leon and Gadsden counties, the TMH FMRP in partnership with the Florida Department of Health has served as the sole provider of perinatal care in Madison, Jefferson, Taylor, and Wakulla counties for many years. Despite these efforts, there remained a substantial number of patients living in this region who did not receive adequate or any prenatal care, highlighting a significant need for further outreach. By increasing the number of available fellowship positions, the trainees in the fellowship stand to close this gap, introducing more services to the existing practice sites. Through the existing relationship with Tallahassee Memorial HealthCare Physician Partners, the fellows offer services to new clinical sites in Franklin and Calhoun/Liberty counties. Once graduated, these comprehensively

trained leaders in maternal health can then offer a more permanent answer to the obstetrical physician shortage seen not only in our locale but in nearly half of all U.S. counties.

The nonsurgical fellowship expands the academic rigor of the obstetrics fellowship, broadening that training into an expanded curriculum to include robust training in community prevention, mental health, and government advocacy. With these expanded curricular goals come expanded ancillary services for the patients, targeted to their needs via rapid-cycle feedback loops from actionable maternal health data to community-partnered interventions to measurable outcome improvement. It is then expected that with appropriately targeted expanded services, not only will enrollment in prenatal care increase but also retention. At the same time as this outcome-driven research is ongoing, the fellows may pursue advanced degrees in health-related fields such as an MPH at Florida State University (FSU), Florida Agricultural and Mechanical University (FAMU) or other state institutions.

Beyond this, the nonsurgical fellowship puts focus on the utilization of tele-health to provide more consistent and comprehensive care. This technology aids specifically in the areas of twice weekly antenatal monitoring (e.g. non-stress testing), chronic disease management (e.g. HTN, DM) and the provision of mental health care (e.g. mental health counseling) amongst other areas.

Further, the nonsurgical fellowship utilizes TMH FMRP's previous Centering Pregnancy® expertise to augment present, rural obstetrics with group-based prenatal care's in-depth coverage of topics such as mental health, nutrition, domestic violence, family planning, dental health, newborn care/safety, etc.

Educational Program

A combination of inpatient, outpatient, and traditional academic experiences serves to meet the goals as stated above. Fellows provide direct patient care and also supervise family medicine residents and medical students in the above settings. Specific responsibilities include those previously enumerated in the Obstetrics Fellowship program description, though some of the degree of focus is variable depending on the individual goals of the outpatient fellow. Added to these are more robust experiences in the outpatient and academic settings in particular. Nonsurgical fellows' responsibilities are as follows:

1. Inpatient care
 - a. Obstetrics
 - i. Manage OB Emergency Department, 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
 - a. Complete enough cesarean sections to have proven sufficient skill for first assistance. Optional goal to complete enough cesarean sections to have proven sufficient skill for solo practice thereafter.
 - 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. (Optional) Postpartum tubal ligations
 - v. (Optional) Intrapartum tubal ligations
 - vi. (Optional) D+C
 - vii. (Optional) First assist hysterectomies
 - c. Develop procedural competency in colposcopy, LARC counseling/insertion/removal, etc. if desired.
- 3. Outpatient care
 - a. Obstetrics
 - i. Collaborate with midwives in the delivery of prenatal care.
 - ii. Achieve competency in and utilize MCH-focused population health / community prevention skills in the delivery of maternal health care.
 - iii. Achieve competency in and utilize skills in maternal mental health and substance use in the delivery of maternal health care.
 - iv. Work through local and state DOH to create rapid-cycle feedback loops from actionable maternal health data to community-partnered interventions to measurable outcome improvement in maternal deaths or serious adverse events and racial-ethnic disparities in perinatal outcomes (e.g., VLBW births).
 - v. Augment present rural, obstetrics with group-based prenatal care's in-depth coverage of topics such as mental health, nutrition, domestic violence, family planning, dental health, newborn care/safety, etc.
 - vi. Provide coverage for OB/PP acute visits when continuity provider is unavailable.
 - vii. Provide primary care for selected high-risk OB patients.
 - viii. In conjunction with faculty, precept resident OB/PP visits.
 - ix. 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 care at a TMH Physician Partners Office.
 - ii. In conjunction with faculty, precept resident visits.
- 4. Didactics
 - a. Mental health
 - i. Complete learning objectives as identified by the fellowship's collaborators in the maternal mental health coalition and perinatal depression researchers at FSU and FL DOH.
 - b. OB Fellowship
 - i. Periodically present a topic to residents and medical students on service or at large, depending on scheduling.
 - ii. Monthly journal club with OB faculty.

5. 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. Engage in government advocacy measures as directed by community medicine faculty.
 - d. Complete QI project if desired.
 - e. Complete a "best practice guideline" research project if desired.

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.

Academic faculty supervise the educational efforts of the fellows in the domains of community health, mental health, and government policy. They serve as coordinators of fellow progression through their designated academic tracks.

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.