

Obstetrical and Gynecological Teaching in Family Practice Residency Programs

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Family practice has become a distinct specialty, with its competency more widely based than that usually acquired by other specialties. One of these competency areas is obstetrics and gynecology. The skills associated with OB/GYN can only be acquired by doing deliveries and other procedures. In order to assess the extent to which these skills are conveyed to family practice residents, we have examined residency training programs in family medicine.

Methods

During 1975, the 227 family practice residency programs then listed in the American Academy of Family Physicians Directory were surveyed. A total of 190 programs (84 percent) replied. Since some of the replies were incomplete, the responses to a given item may sometimes total less than 190.

Results

Respondents were asked to estimate the number of normal deliveries that a family practice resident would accomplish during a three-year residency. This includes not only the deliveries performed as a result of a formal obstetrical and gynecological rotation, but also deliveries of the resident's family practice patients. The mean number of normal deliveries reported by respondents was 148. Ta-

ble 1 shows the frequency distribution of the number of normal deliveries.

In contrast to normal deliveries, the average number of complicated deliveries performed by residents was 17. In 20 percent of the programs responding, no complicated deliveries were performed. Table 2 shows the frequency distribution of complicated deliveries performed by residents during their three years of training.

Table 1. Normal Deliveries

No. of Normal Deliveries	No. of Residencies	%
0- 49	33	19.0
50- 99	56	32.3
100-149	46	26.4
150-199	28	16.1
200-249	9	5.1
250-299	0	0.0
Total	174	100.0

Table 2. Complicated Deliveries

No. of Complicated Deliveries	No. of Residencies	%
0	35	20.2
1- 5	20	11.5
6-10	31	17.9
11-15	24	13.9
16-20	19	11.0
21-25	13	7.5
26-50	25	14.5
50	6	3.5
Total	173	100.0

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Table 3. Cesarean Sections

No. of Cesarean Sections by Residents	No. of Residencies	%
0	80	44.9
1- 5	49	27.5
6-10	19	10.7
11-15	15	8.4
16-20	6	3.4
21-25	3	1.7
26-50	6	3.4
50	0	0.0
Total	178	100.0

Of the total respondents, 80 (45 percent) stated that their residents either performed no cesarean sections or assisted only. In those programs quoting a figure, the mean number of cesarean sections was 13. Table 3 lists that distribution.

Programs were asked to estimate the number of major gynecological procedures and the number of hysterectomies performed by residents during their three-year experience. The results of these questions are shown in Table 4.

On the average, most programs devoted twelve weeks to an OB/GYN rotation. Table 5 illustrates the amount of time so allocated.

In 28 (14.8 percent) of the programs, the family practice unit had its own full-time OB/GYN specialist. In our study, 98 (51.8 percent) of the respondents have OB/GYN specialists available in the family practice center. In 89 (47.6 percent) the specialists are present per routine. Table 6 demonstrates the amount of time currently made available by OB/GYN specialists in the model practice unit.

Table 4. Gynecological Procedures Performed by Family Practice Residents

No. Performed	Minor GYN Procedures		Major GYN Procedures		Hysterectomies	
	No.	%	No.	%	No.	%
0 or assist	24	14.1	136	80.0	136	87.2
1- 5	6	3.5	5	2.9	5	3.2
6-10	9	5.3	7	4.1	7	4.5
11-15	19	11.3	3	1.1	3	1.9
16-20	24	14.1	5	2.9	0	0.0
21-25	25	14.7	4	2.4	4	2.6
26-50	46	27.0	6	3.5	1	0.6
50	17	10.0	4	2.4	0	0.0
Total	170	100.0	170	100.0	156	100.0

Table 5. Length of OB/GYN Rotation for Family Practice Residents

No. of Weeks	No. of Residencies	%
0- 4	7	4.0
5- 8	66	37.7
9-12	36	20.6
13-16	46	26.3
17-20	11	6.3
20	9	5.1
Total	175	100.0

Conclusion

A total of 190 family practice residency programs were surveyed. The mean number of procedures performed by family practice residents is as follows: normal deliveries, 148; complicated deliveries, 17; cesarean sections, four (with 45 percent of programs doing no sections); minor GYN procedures, 21; major GYN procedures, four; and hysterectomies, two. The average program devotes 12 weeks to an OB/GYN rotation. Fifteen percent of family practice programs have their own full-time OB/GYN specialist. Fifty-two percent of the programs have OB/GYN specialists available in the family practice center; in 48 percent of programs the specialists are present on a regularly scheduled basis.

Table 6. OB/GYN Specialty Time in the Model Practice Unit

Time (days per week)	No. of Residencies	%
0- 1.0	168	90.3
1.1- 2.0	5	2.7
2.1- 3.0	5	2.7
3.1- 4.0	0	0.0
4.1- 5.0	6	3.2
5.1-10.0	2	1.1
-10.0	0	0.0
Total	186	100.0