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# A Pilot Study Assessing the Value of an "Educational Hospitalist" in an OBGYN Residency Program

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## Objective:

Obstetrical Hospitalists have been endorsed by ACOG and are employed in a number of obstetrical departments with the goal of accommodating clinical volume and optimizing patient care..... We describe the implementation of an "Educational Hospitalist (EH)," on a labor and delivery (L&D) unit, with the goal of improving the educational environment.

### Methods:

- The concept of an Educational Hospitalist (EH) was developed and resulted in the employment of a board eligible OBGYN physician as both a primary instructor/educator.
- The EH's educational and clinical responsibilities included overseeing the postpartum unit, protecting residents during educational rounds, and overseeing medical/PA students, and both OB/ GYN and off-service residents.
- The addition of the EH also indirectly allowed other staff (ie. MFM) protected time to educate.
- Data was compared for the year prior to the implementation of the EH (academic year 2009) with the time period following the incorporation of the EH (academic year 2010).
- Data evaluated included the effect of the EH on resident ACGME clinical experience, obstetric rotation satisfaction, and resident/student/ staff perception of the value of the EH.
- Standard Likert scale, ranging from 1 (strongly disagree) to 9 (strongly agree) was used as a measurement tool for rotation survey and survey evaluating the value of the EH.

indirectly allows other faculty (ie. MFM) more time

a valuable mentor to residents and students on labor and

1 2 3 4 5 6 7 8 9

Table 1. Perception of the Value of the EH

Survey Question 1 (strongly disagree to 9 (strongly agree)	Residents (n=20)	MedStud (n=11)	Nurse (n=8)	Attending (n=8)
EH benefits quality of patient care?	8.1	7.7	8.3	7.9
EH improves teaching environment?	7.7	6.7	6.7	7.9
EH serves as valuable teacher?	8.2	7.8	8.4	8.0
EH allows others more teaching time?	7.7	7.5	8.3	7.9
EH serves as valuable mentor?	8.2	6.7	8.4	7.6
EH decreases service obligations?	7.8	7.6	8.7	7.8
EH promotes more time for research/study?	7.8	6.1	7.7	7.5
EH is important member of OB team?	8.3	7.2	8.6	8.4
MEAN	8.0	7.2	8.0	7.9
EH adversely affecting training residents	2.3	3.0	2.0	2.0

Table 2. Obstetric Rotation Resident Satusfaction Survey: 12/2009 vs. 12/1020

Survey Question 1 (strongly disagree to 9 (strongly agree)	12/2009 (n=11)	12/2010 (n=8)	Δ
Faculty spend sufficient time TEACHING residents on this rotation?	7.7	8.3	<b>↑8%</b>
The balance during this rotation between SERVICE and EDUCATION is optimal?	5.5	7.8	<b>129%</b>
I am able to remain compliant with ideal duty hours while on this rotation?	7.3	7.7	<b>↑5%</b>

Table 3. Resident ACGME Experience\*

Resident	NSVD (09)	NSVD (10)	Δ	C/S (09)	C/S (10)	% Δ
PGY 1 OB	100.0	107.0	<b>19%</b>	5.2	5.0	<b>↓4%</b>
PGY 2 OB	28.6	31.2	<b>18%</b>	57.2	73.2	<b>122%</b>
PGY 3 OB	12.0	10.2	<b>↓15</b> %	12.0	18.6	<b>122%</b>
PGY 4 OB	28.0	32.8	<b>15%</b>	36.5	30.4	↓17%
TOTAL	166.8	183.0	<b>19%</b>	98.9	108.6	<b>19%</b>

\* Based on ACGME data (09) = 7/1/2009 to 12/31/2009 and (10) = 7/1/2010 to 12/31/2010... Values = number procedures/resident/PGY level

## Conclusions:

- introducing an EH on the L&D unit in an academic OBGYN department is feasible and has been well accepted at our institution.
- The presence of the EH, based on resident, student, nursing, and faculty physicians opinion, improved the educational environment, as well as, lead to superior patient care
- Residents' clinical experiential numbers were not adversely affected by the presence of the EH.
- We recommend other residency programs consider implementing an EH to optimize their labor and delivery environments, or perhaps in other areas of the residency training environment.

