Obstetrics Fellowship - No Regrets

By Niral Tilala, MD, Genesis Quad Cities Family Medicine Program

According to the most recent data from the American College of Obstetrics and Gynecology (ACOG), the State of Iowa has the fewest number of Obstetrician/Gynecologists per capita of any state in the United States. Over the last two decades, the number of counties providing labor and delivery services has seriously declined. In the year 2000, there was at least one labor and delivery unit in 70% of Iowa counties, compared to only 45% of counties in 2019. Since 2001, an astounding 31 rural labor and delivery units have closed their doors.

Finding a solution to improving access to perinatal care in rural Iowa is quite complicated. According to the March of Dimes, in Iowa, 54.5% of counties don't have a single obstetric provider and 109,762 women live in a county without a single obstetric provider. As of yet, we aren’t finding that the quality of care has declined. However, if the trend continues, we could see an increase in preterm births, fetal demise, and even maternal mortality.

Ensuring access to care has many moving parts. One of the challenges, for years, has been recruiting obstetric providers to rural areas. As a faculty member in a family medicine program in Iowa, I always encourage residents to practice obstetrics after graduation. I love to share the joy of obstetrics care with learners who are developing an interest in women’s health. One of the reasons I pursued a fellowship in surgical obstetrics was to maintain continuity of care for my patients. Turning over my patients who needed cesarean delivery or patients who were higher risk to the obstetrics service was frustrating and dissatisfying.

I wanted to find a way to care for my patients all the way to delivery and beyond. Although the fellowship was the most challenging year of my training, I don’t regret it one bit. It was a great decision and worth every minute. I am now able to perform cesarean deliveries and care for some of our higher risk patients. The increased scope of care I can provide has led me to have much higher job satisfaction and has motivated me to teach our residents obstetrics care at a higher level.

Since we can’t fix Iowa’s access to obstetrics care problem in one day, we can certainly encourage family medicine residents to be open to practicing obstetrics care after graduation. Being in academic medicine gives us a unique advantage to help close the gaps to access on a grander scale. Together we can do it, one resident at a time.
For the past half century, Broadlawns Medical Center (BMC) has been a leader in training and helping retain quality physicians to care for Iowa residents. In particular, Broadlawns’ graduate medical education and its graduate providers have been crucial for rural and underserved Iowans. In keeping with this paradigm, in the fall of 2021, BMC created a one-year Family Medicine Obstetric Fellowship. The fellowship provides a family medicine physician further training in high-risk and surgical obstetrics; training critical to providing care to rural and underserved populations.

The fellowship was first envisioned by Broadlawns’ former Family Medicine Residency Program Director and current Designated Institutional Officer and Director of Medical Education, Larry Severidt, MD, in response to the growing disparity in pregnancy outcomes between rural and urban patients. Despite receiving little to no outside assistance with funding, Dr. Severidt convinced faculty and administration at Broadlawns of the importance of the program. Faculty at Broadlawns and three Obstetrics and Gynecology trained physicians - Kaaren Olesen, DO, Amy Bingaman, MD, and Larry Lindell, MD, made significant sacrifices and adjustments to take on the responsibility of providing training to the Obstetrics fellow.

“The OB fellowship is an important addition to Broadlawns because Iowa’s rural communities are losing access to OB care. While there are many contributing factors, one of the reasons is a lack of cesarean section coverage. Training family medicine doctors in cesarean sections helps to fill that void and keep rural OB units open. It also ensures that all Iowans have the ability to receive excellent healthcare close to home,” states Broadlawns’ first fellow, Abby Stroeh, DO. After her fellowship, Dr. Stroeh moved to Sioux Center, Iowa where she currently utilizes her skill set to provide holistic family care in that community.

Current fellow, Brooke Johnson, DO, always knew she wanted to pursue further training in Women’s Health and surgical obstetrics and worked hard during her family medicine residency to make herself a candidate for a fellowship. She trained at BMC and was elated with the formation of the fellowship. Dr. Johnson was relieved that she did not have to leave her home state to get the extra training she desired. She says of her current experience, “I love working with the underserved population at Broadlawns. It allows me to learn how to take good care of patients despite limited resources and how to provide the best opportunities and health care for patients of all backgrounds”.

This year, Governor Kim Reynolds requested $560,000 annually be budgeted with the purpose of assisting in the and formation of four obstetrics fellowships in the state. This further underscores the importance of this training. At BMC, we are ecstatic that Iowa is becoming more aware of the realities of health disparities like the ones that exist for rural Iowans. Our medical staff is pleased that legislative bodies and educational programs are making plans to address these disparities. We take pride in being able to offer this critical training to family physicians in Iowa and pledge to continue to lead in being advocates for the underserved.
Preceptor Spotlight

Matthew Fox, MD, has been practicing at MercyCare Family Medicine in Marion, Iowa for 26 years. In addition to serving the healthcare needs of his local community, Dr. Fox has devoted a significant amount of his time to teaching medical students from the University of Iowa Carver College of Medicine. He has hosted students at his clinic for more than 20 years, and has been an Adjunct Clinical Assistant Professor with the University of Iowa Department of Family Medicine since 2013.

When asked what he enjoys most about being a preceptor, Dr. Fox said: “They challenge me to be at my best. I feel like I need to keep up on the latest in terms of guidelines and standards of care. Working with students also pushes me to organize information in a systematic way (in my own head) so I can explain things clearly and concisely when teaching. I also find my patients generally love having students. Finally, it gives me an opportunity to show students the value and benefit we provide our patients in primary care.”

Since 2008, over 40 Carver College of Medicine students have completed month-long rotations with Dr. Fox, with all of them providing consistently high ratings and feedback on his teaching, care of his patients, and the welcoming environment that he and his team create for learners. The commitment of community physicians like Dr. Fox, enables the College of Medicine to provide high quality learning opportunities to its students and give them exposure to Iowa communities across the state.

Dr. Fox completed his medical degree at the University of South Dakota School of Medicine followed by a Family Medicine Residency at Truman Medical Center in Kansas City, Missouri.

Grant Received

Meghan Connett, MD, Alka Walter, MBBS, and Wendy Shen, MD, at the University of Iowa Department of Family Medicine, have received a $100,000 Addressing Health Disparities pilot grant from the University of Iowa Carver College of Medicine Office of Health Parity and the Vice President of Medical Affairs. Their primary objective is to determine the need for Nexplanon access for uninsured patients and to attempt to reduce the disparity gap by providing implant (LARC) for free at the Free Medical Clinic. Funding begins March 13, 2023 and ends March 14, 2024.

“I thoroughly enjoyed working with Dr. Fox and his team. Dr. Fox is an excellent doctor and teacher. He always took time to answer my questions and he went out of his way to help me learn. He is also extremely nice, which is reflected in both how his patients and staff interact with him. His office is a fun environment to work in, and I am thankful I had the opportunity to work with him.”

M2 Medical Student, 2021
A Well-Being Refresh

By Gerry Clancy, MD, Senior Associate Dean for External Affairs, The University of Iowa Carver College of Medicine

In my role of helping staff within the University of Iowa Emergency Department’s Psychiatry Team and providing 45 well-being first aid workshops to more than 2,000 clinicians across Iowa, I am privileged to have a unique perspective into the impact of the pandemic on society.

From this vantage point, I have seen distressed patients and an exhausted workforce still struggling more than three years after the start of the COVID-19 pandemic.

With this unique perspective, I hope to inspire you with 14 tips for a well-being refresh:

• **Create a well-being plan that evolves.** This pandemic is ever-changing. What worked in March 2020 may not work today. As the pandemic changes, how you deal with new stresses may need to change. During the early parts of the pandemic lockdown, I spent a good deal of time catching up on movies that I had always wanted to see. But now, activities that are socially isolating are not what is best for my own health.

• **Recognize the stakes are still high.** Five hundred Americans still die of COVID-19 each day, with another 165,000 COVID-related deaths expected yet this year. We need to continue to be vigilant, protect the vulnerable, and care for each other as the pandemic is not over.

• **Put on your oxygen mask before you assist others.** Every time I hear that phrase before I fly, it reminds me that if I am in bad shape, I will not be effective in helping others. Good self-care, such as a commitment to regular exercise, a healthy diet and attention to adequate sleep leads to a stronger ability to care for others.

• **For some, restoration matters more than resilience.** Many pre-pandemic trainings focused on resilience to prevent burnout. Resilience is the process of successfully adapting to difficult life experiences. As the pandemic wanes, I am amazed by teachers, law enforcement officers, clinicians, and other essential workers as they continue to answer the call. Each has resilience, but many are worn down. For many, it is no longer help with resilience that is needed, but guidance toward restoration—returning to a healthy condition.

• **Create a personal and intentional well-being portfolio.** Each of us gets relief from stress in different ways. For some it is exercise and for others it is meditation. I encourage you to find what works for you and to work your well-being plan daily with an ultimate goal of restoration, which is returning to a healthy condition.

• **Not everyone is back yet, so help them find the way.** For some, life is getting back to normal. Yet, others just can't get there. They are mourning or are deeply scarred from the pandemic. They need us to search for them and show them how to get back to a life of fulfilling work and enjoyable interactions with peers and family.

• **Peer-to-peer interventions work.** One of the proven ways to help each other get back, is through peer-to-peer groups. Nurses listen to nurses and police officers listen to police officers. During the peak of the pandemic in New York City, nurse peer-to-peer support groups were found to be the strongest protective factors in getting through the stress.

• **Unchecked trauma is toxic, so check it.** The research is clear: unrelenting and severe stress harms brain function. As I scurry across our hospital, I see selfless clinical staff with symptoms of Post-Traumatic Stress Disorder. The good news is that, with professional help, these symptoms can ease significantly.

• **Validation eases the pain.** As we conduct well-being workshops, surveys tell us that there is great appreciation for validation, specifically that most people are still struggling and that they are not alone. I highlight "If you are not feeling like yourself right now, you are in the majority."

• **Less is more.** National affairs are particularly rough right now. Social media can be brutal. Too much bad news and conflict each day can increase depression and anxiety. My wife and I limit our watching of the national news to 30 minutes each night and stay entirely off social media. Less time, dedicated to these things has freed up more time to be with family, go outdoors, and cheer on the Hawkeyes. A helpful exercise might be to see how moderation of time interacting with news and social media reduces one's level of anxiety and distress. *(continued on next page)*
Well-Being Refresh continued...

- **Little comforts add up.** Learning from our Emergency Department medical residents, I invested in noise-canceling headphones and was amazed how much more I could get done with less distraction. Similarly, a small fan in my office has transformed my work space. These little comforts make a difference.

- **Service to others can be healing.** I spent 19 years in Oklahoma, well-known for F5 tornadoes. After these disasters, the Oklahoma culture is for everyone to immediately pitch in and help others rebuild with the guidance of community-based agencies. I have witnessed that service to others is a way for Oklahomans to heal their neighbors and themselves after disasters. There are many in need all around us. Most community agencies enthusiastically engage volunteers to extend their reach.

- **Seek post-traumatic growth.** Can we be wiser after experiencing danger and tragedy? Early in my career, our family was stalked for an entire year. I would never wish this on anyone, but my wife and I learned a great deal. Our perspectives on what is serious and what is trivial were forever changed.

In closing, you may ask a more basic question: Is there a path to calm things between each other?

In our daily interactions, I think it would be helpful if a little more grace was offered and accepted. One of the root meanings of the word "grace" is a disposition to mercy, compassion, kindness, and clemency. I add the concept of **two-way grace**, with a level of mutual respect and understanding that each person knows the other has been through a difficult time and that mercy, compassion, and kindness extended to each other helps both.

**Faculty and Staff Announcements**

**Barbara Barnell, DO**, faculty physician at Genesis Quad Cities Family Medicine Residency Program, *(left)* presented "An Introduction to OMT for Primary Care" at the Iowa Academy of Family Physicians (IAFP) Fall CME Getaway in Galena, IL. Both allopathic and osteopathic physicians attended the conference. Genesis’ program has Osteopathic Recognition and hopes to promote these principles and practices to their residents and the region.

**Cara Drew, MD**, *(right)* became the Program Director for Siouxland Medical Education Foundation (SMEF) in December 2022 after serving previously as Assistant Program Director and then Interim Program Director. A Sioux City, Iowa native, she began receiving care at SMEF as an infant, and she and her family have received care there ever since. Dr. Drew joined SMEF as faculty immediately after graduating from the program in 2017. Her goal is to continue to create well-rounded family physicians to take care of Sioux City and the area communities.

**Calendar of Events**

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<td>Iowa Family Medicine Residents’ Council Meeting</td>
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<td>Iowa Family Medicine Quality Improvement and Research Symposium—Iowa City</td>
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<td>August 25, 2023</td>
<td>Advanced Life Support in Obstetrics (ALSO) Provider Course</td>
<td>West Des Moines</td>
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<td>Advanced Life Support in Obstetrics (ALSO) Provider Course</td>
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