

Surviving Disaster: Assessment of Obstetrics and Gynecology Training at Louisiana State University-New Orleans Before and After Hurricane Katrina

RODNEY J. HOXSEY, MD; MELISSA SMITH, MD; JOSEPH M. MILLER, JR, MD;
THOMAS E. NOLAN, MD, MBA

ABSTRACT: *Background:* After Hurricane Katrina, the 2 primary teaching sites for Louisiana State University Health Sciences Center in New Orleans were destroyed. In this study, we examine the measures the Louisiana State University Department of Obstetrics and Gynecology took to provide uninterrupted education for Obstetrics and Gynecology residents and the outcome of those measures. *Methods:* Information was gathered from the program director's office and the Accreditation Council for Graduate Medical Education website. Resident turnover during the disaster and where residents trained before and after Katrina were tabulated. Council on Resident Education in Obstetrics and Gynecology scores, obstetric statistics, and American Board of Obstetrics and Gynecology pass rates before and after Katrina were analyzed for significant differences from year to year. *Results:* After Katrina, all residents were shifted to other teaching sites in the state, and the program gained 2 additional private teaching sites. The department lost 10 residents in the year following Katrina and replaced them with 5 new residents for the next academic year. There was no significant difference in

Council on Resident Education in Obstetrics and Gynecology scores for individual residents from 2004 to 2006, and the median score for the program has not changed significantly for the past 4 years. The only number that has changed is the number of cesarean sections performed by second-year residents, which decreased significantly from 2005–2006 to 2006–2007 but has stabilized over the last year. The classes of 2004–2006 had 100% pass rates on the written American Board of Obstetrics and Gynecology examination, with 1 failure in 2007. *Conclusions:* The Obstetrics and Gynecology program at Louisiana State University Health Sciences Center provided uninterrupted training for residents through cooperation with other Louisiana State University facilities and private institutions in the state. We saw a small decrease in the number of cesarean sections performed by our second-year residents 1 year after Katrina; however, the rest of the resident experience has remained stable. **KEY INDEXING TERMS:** Katrina; Residency program; Obstetrics and gynecology. [Am J Med Sci 2008;336(2):151–155.]

The impact of Hurricane Katrina on the Gulf Coast states and New Orleans is well recognized as one of the greatest American disasters. The storm's ramifications on regional medical care have been described in multiple academic papers and the popular press.^{1–3} This article will deal with the specific problems that the Department of Obstetrics and Gynecology (Ob/Gyn) at the Louisiana State University (LSU) School of Medicine in New Orleans

encountered as a result of the hurricane and the solutions that have been employed. This article was written approximately 2½ years after Katrina, during which time many changes in our student and residency education programs have taken place, primarily as a result of the storm. In this transition, we overcame many roadblocks and introduced new technology, resulting in a stronger program for our students and residents.

The Department of Ob/Gyn has gone through multiple evolutions since the senior author's arrival in 1993 (T.E.N.). At that time, we had 11 residents per class located at 3 sites, the Medical Center of Louisiana in New Orleans, Earl K. Long Hospital (EKL) in Baton Rouge, and University Medical Center (UMC) in Lafayette, Louisiana. All 3 sites were full service, with residents permanently stationed in one

From the Department of Obstetrics and Gynecology, Louisiana State University Health Science Center, New Orleans, Louisiana. Submitted May 9, 2008; accepted in revised form May 23, 2008.

Correspondence: Rodney J. Hoxsey, MD, Department of Obstetrics and Gynecology, Louisiana State University Health Science Center, 533 Bolivar Street, New Orleans, LA 70112 (E-mail: rhoxse@lsuhsc.edu).

of the localities for 6-month intervals. Because of the concerns of the Residency Review Committee (RRC) and the Accreditation Council for Graduate Medical Education requirement for resident continuity clinics, this model was adjusted. With the increase in Medicaid funding, 74% of all deliveries in Louisiana are funded by public sources. Many private hospitals began to pursue these patients actively. Medicaid reimbursements increased substantially between 1993 and 1995, and subsequently the number of deliveries at the traditional "Charity" hospitals dropped dramatically. The number of deliveries decreased at EKL from 200–250 to 60 per month and at UMC from 120 to 35 per month. This had such an impact that the obstetrical delivery unit at UMC in Lafayette is now staffed by Family Practice residents, with our residents only practicing gynecology at that site. Before Katrina, because of the decrease in resident experience, the resident complement per year of training dropped from 11 to 9 to our current 7 per year.

Residency Program

After Katrina several programs from around the country offered assistance to allow our residents to move to other localities, but the Dean of the School of Medicine made the decision to keep all house officers in the State of Louisiana. The complement of residents and where they went is found in Table 1 and reflects changes from 2005 to the present. Immediately after the storm, the residents were reassigned to Lafayette and Baton Rouge, and they made a very smooth transition to expanding services in these areas. There was also an increase in the number of deliveries in Baton Rouge after Katrina as displaced patients were relocated or settled there.

One of the immediate problems after Katrina was

Table 2. Change in Residents After Katrina

Ten residents left in the year following Katrina (3 immediately after the storm and 7 throughout the remainder of the year).
All residents who left went out of state.
Five new residents were hired the next academic year to replace those who left.
4 PGY level 2
1 PGY level 3 hired
A full class of 7 new interns was hired the next academic year (full match).
By December 2006, resident numbers stabilized, and University Hospital in New Orleans had reopened.

getting adequate experience for our residents. Additionally, several residents left the program, and we filled these positions with transferring residents (Table 2). Despite the disaster, we filled our incoming intern class through the national residency matching program. Several hospitals in Lafayette and Baton Rouge helped with our shortage of clinical experience. Women's and Children's in Lafayette allowed our residents to work with the private doctors on the obstetrical units, and our more senior resident worked in close affiliation with consultants at Woman's Hospital in Baton Rouge. Our residents also had temporary rotations at Louisiana State University Health Sciences Center in Shreveport and Monroe and at Ochsner in New Orleans. Touro Infirmary in New Orleans, which reopened soon after Katrina, allowed residents to work with their staff beginning in February 2006. Our affiliation with Touro Infirmary has continued to strengthen, and it has become one of our major teaching hospitals. Initially, students were placed at EKL in Baton Rouge and UMC in Lafayette for their clinical rotations.

Before Katrina, our Ob/Gyn residency program was placed on probation, with one of the concerns

Table 1. Allocation of Residents by Clinical Facility

	Pre-Katrina, July 2005	Post-Katrina, September 2005	December 2005	July 2006	December 2006	July 2007
University Hospital New Orleans (UH-NO)	19			4	10	15
Earl K. Long Baton Rouge (EKL-BR)	8	19	15	1	1	
University Medical Center Lafayette (UMC-LF)	3	8	7	7	6	4
LSU Monroe (MON)			2			
LSU Shreveport (SHREVE)			2			
Touro Infirmary New Orleans (TOURO)				5	5	7
Women's and Children's Lafayette (W&C)				3		
Ochsner Health Foundation New Orleans (OCH)				2		
Total	30	27	26	22	22	26

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