

Education and Service in the Ob/GYN residency - Guiding Principles

In the practice of medicine - everyone is a learner

- Attendings and all residents work as a team to share the responsibility of providing safe patient care in an setting in which both residents and attendings can learn

Service and education are parallel and integrative functions throughout a residency that reflect the integrated role of a resident as student and paid mid-level health care provider

- Service: tasks that are done for the good of patients, other health care professionals, and the larger community, consistent with the professional tenet of altruism. Benefits of providing service may be less immediately tangible, but may improve self and may facilitate the learning of others
- Education: tasks or learning that are judged by each individual as having tangibly increased their unique fund of knowledge or skills.
 - Education is not exclusive of service - may occur while providing care for patients, during didactics, during self-directed learning
 - Education is for self short-term, but will benefit others in the long term

All resident tasks fall within a continuum of service and education

- One resident's interaction with a patient may be more on the service end of the continuum, but other residents interacting with the same patient may have an interaction more at the educational end of the spectrum
 - ie: senior resident admitting a patient in early labor, intern delivering the same patient hours later who has a shoulder dystocia another senior resident repairs the fourth degree laceration, first senior resident rounds on postpartum day 2

The balance of service and education within a residency experience may not be realized until the end of residency (or even later, as an attending, when the educational benefit of a patient interaction is realized)

Every interaction with a patient is a potentially educational experience

- Many patient interactions are required to fully realize all of the educational benefits
 - ie: may do many 'simple' rule out labors before diagnosing first vasa previa; may see many prenatal patients at 28 weeks gestation before diagnosing domestic violence or HELLP syndrome