Teaching Obstetrics and Gynecology Residents
Practice Management Knowledge and Skills

Exploratory Paper

Georgia P. Brogdon, MBA, DHSc, FACHE, FACMPE

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Introduction

In order to prepare obstetrician-gynecologist (ObGyn) physicians to enter the world of complex medical practice, it is necessary to understand the key aspects of practice management that should be mastered. The majority of physicians entering practice report that they are unprepared for the business challenges and issues that arise after leaving residency. Currently no standard approach exists to teach the business of practice management to physicians-in-training, or to obstetrical and gynecological residents, specifically. A new practice management curriculum for obstetric and gynecologic residents would better prepare them to enter medical practice. This exploratory paper evaluates Type I developmental research, relevant medical practice issues, and adult learning theory literature to develop a new curriculum.

Academic practice administrators and residency program directors need a method to develop a comprehensive curriculum to prepare ObGyn residents for the reality of the business complexities they will face upon entering practice. This paper will attempt to answer the following question, “What are the necessary topics to be included in a four-year practice management curriculum for ObGyn residents?” The driving force behind the development of this topic is the need to provide residents hands-on experience in some of the most important aspects of the business of practice management they will face as they enter the workforce. The purpose of this paper is to explore the various ways obstetricians and gynecologists and other medical specialties have prepared their residents to enter the world of medical practice. The focus of the paper will be to determine the key components of practice management that should be mastered, the method of delivery, and the proper timing to deliver this information during the course of a
four-year residency in ObGyn and will identify the necessary topics to be included in a four-year practice management curriculum for ObGyn residents.

**Background**

The Accreditation Council for Graduate Medical Education (ACGME) governs the training of obstetrics and gynecology (ObGyn) residents in the United States. Six core competencies must be mastered during the four-year ObGyn residency program. These competencies include patient care, medical knowledge, practice-based learning environment, interpersonal and communication skills, professionalism, and systems-based practice (ACGME, 2008). Upon the completion of a four-year residency program, these newly minted ObGyn's should be ready to enter the clinical practice of obstetrics and gynecology. Unfortunately, residents receive little formal education relating to the business aspects of practicing medicine.

**Significance of the Problem**

According to a 2004 survey of surgical residency program directors, 77% indicated that less than four hours per year was spent on teaching business and practice management principles to residents (Lusco, Martinez, & Polk, 2005). This report noted that 87% of the surgical residency program directors agreed or strongly agreed that surgical residents should receive training in practice management and business principles between years two and five of a five-year residency. Seventy percent of these directors revealed that their current residents are not adequately trained in these areas. When considering the format, 91% of program directors recommended that a business and practice management course workbook be designed and modeled after the Advanced Trauma Life Support program.

There is only one objective, out of 87, in the entire 34-page manual for the 2008, Revised in 2014, ACGME Program Requirements for Graduate Medical Education in Obstetrics that relates to the business of medicine and practice management. Specifically, Section IV.A.5.a).(1) states the following:
The program will develop measurable competencies as specified in the educational curriculum written and provided by the program for each resident. This education must include but not necessarily be limited to the following IV.A.5.a).(1).(b).(iii).(q) Health care delivery systems and practice management (p. 17).

Review Of The Literature

PubMed Literature Review

A thorough review of the literature was performed relating to resident curriculum topics in practice management. This review included the most effective methods utilized to teach residents. The review also included the most common practice management topics found in residency program curricula. The literature search was performed utilizing PUBMED, Medline, and EBSCOhost. Keywords utilized included: “practice management”, “ObGyn resident curriculum”, “business of medicine”, “teaching residents”, “teaching practice management”, “practice management physician training”, and “developmental research”. Literature sources were from 2005 to 2015 except for a few relevant historical sources. Major inclusion criteria included (a) English language, (b) medical journals, (c) research articles, (d) educational instruction articles, (e) full text articles, (f) editorials, (g) brief reports, and (h) practice management topics including coding and billing for professional services, documentation, risk management, liability issues, and managed care. Exclusion criteria for articles included (a) abstracts, (b) articles that did not include practice management, and (c) business of medicine topics of residents in training.

The focus of the initial review was on the ObGyn literature. Literature from other specialties was used due to the limited number of peer-reviewed articles from the specialty of ObGyn. Only a single article relative to the development of a practice management curriculum or a business of medicine curriculum, specifically in obstetrics and gynecology, was found in the literature. Williford, Ling, Summitt, and Stovall (1999) surveyed (a) practice plan executives of academic obstetrics and gynecology departments, (b) practicing obstetricians and gynecologists, and (c)
former residents. This survey concluded that residency programs should develop formal, mandatory practice management educational programs. The main coursework should include the topics of (a) managed care, (b) billing procedures, (c) contractual agreements between physicians, (d) patient record management, and (e) practice economics.

Several authors published the results of teaching just one aspect of practice management to ObGyn residents. As-Sanie, Zolnoun, Wechter and Lamvu (2005) published their experience in teaching ObGyn residents coding and documentation utilizing a problem-oriented approach. Gala and Chiang (2012) documented the impact of utilizing a documentation and coding curriculum in an obstetrics and gynecology resident continuity clinic and found that coding improved for all residents after the curriculum was implemented. Lemen (2005) found that a Web-based evaluation and management coding curriculum for ObGyn residents was an effective instructional method for teaching coding to residents.

American Congress of Obstetricians and Gynecologists Publications

The American College of Obstetricians and Gynecologists (ACOG) published *The Business of Medicine* in 2005. This book was intended to provide new physicians with a comprehensive resource for the business aspects of medical practice. The broad topics covered at a high level include (a) planning for practice, (b) finding a position, (c) selecting and using professional advisors, (d) employment contract terms and issues, (e) licensing and credentialing, (f) insurance, (g) personal skills, (h) practice operations, (i) practice finances, (j) laws and regulations, (k) personal and professional growth, and (l) personal finance. This book, which is the only one of its type published by ACOG, falls short in providing ObGyn residents in training a focused and detailed approach to the business aspects of medicine. There is only one page devoted to coding and billing and there is no mention of the importance of how proper documentation in the medical record leads to appropriate coding, billing and ultimately reimbursement. This book does not provide residency program directors with the necessary tools
to develop a comprehensive curriculum to prepare ObGyn residents for the reality of the business complexities they will face upon entering practice.

ACOG publishes *Frequently Asked Questions in Obstetric and Gynecologic Coding*, however this book is also written for ObGyn physicians who are already in practice and is not designed to actually teach residents the concepts of coding and billing. ACOG also publishes *Professional Liability and Risk Management, An Essential Guide for Obstetrician-Gynecologists*, which is much more in-depth and has an entire chapter devoted to specialty liability issues for ObGyn residents. This resource could be utilized to teach the important aspects of professional liability insurance topics and risk management to ObGyn residents.

**Publications By Other Medical Specialties**

The published resources were found to be very limited in the field of obstetrics and gynecology relating to the development of a curriculum to teach ObGyn residents the concepts of practice management and the business aspects of medicine. There are few recent publications on this topic in the field of ObGyn specifically. Also, there are few recent publications on this topic in any medical field. As a result, a more exhaustive review of the literature in other medical specialties was performed and articles that are not as recent were reviewed. A number of published articles were found in many other specialties detailing creative educational methods utilized to teach practice management principles to a variety of different types of residents in training. In addition, a theme of the most common topics taught during residency emerged.

**Findings**

**Educational Format**

**Didactics De-emphasized**

Kolva, Barzee and Morley (2009) completed a systematic literature review of practice management curricula and found that many common curriculum practices de-emphasized traditional didactics. The most common alternatives to lectures were hands-on projects, case-related methods, case vignettes, and team or group activities. The review suggested a national
competency-based practice management curriculum. The curricula design features proposed included (a) case-related methods, (b) hands-on projects, (c) external experts, and (d) faculty champions. The authors also suggested the inclusion of an outcomes assessment due to the dearth of published outcome data on the teaching of practice management to residents. The suggested outcomes assessment included the use of (a) portfolios, (b) multiple choice questions, (c) objective structure clinical examinations, and (d) checklists (p. 417).

Jones, Lebron, Mangram and Dunn (2008) reported that residents in the Department of Surgery at Methodist Health System in Dallas, Texas, participated in a practice management educational program during the last ten months of their residency, which included lectures on the topics of (a) types of practices available, (b) negotiating a contract, (c) managed care, (d) marketing the practice, and (e) documentation, billing, and coding for professional services.

The surgical residents trained at the Methodist Medical Center, one of the facilities of the Methodist Health System. According to Jones, Lebron, Mangram, and Dunn (2008), two different methods were utilized by the billing staff at Methodist Medical Center to teach proper documentation, billing, and coding for professional services. The billing staff held 1-hour monthly didactic lectures and real-time review of evaluation and management coding in the resident outpatient clinics. The billing staff also conducted actual chart reviews of both inpatient and outpatient coding with the surgical residents as soon as they completed a patient encounter. After this focused education was implemented by the billing staff, coding compliance by the surgical residents improved by 52% from 36% to 88% (Jones et al., p. 880).

Self Study and Simulated Practice Experience

The Baylor University Child and Adolescent Psychiatry residency program implemented a novel, in vivo experience for learning practice management (Williams, 2009). The residents learned business practices while managing all aspects of a resident-run clinic. Each resident was assigned a patient group to manage and productivity and income goals. Productivity reports were distributed showing gross income and net income. Awards were given for the resident with the
highest productivity at the end of the year. Residents scored this educational experience consistently high (p. 136).

LoPresit, Ginn, and Treat (2009) created a simulated practice experience to teach the practice management curriculum to family medicine residents. A total of 60 hours was organized into 20 modules. Students worked in pairs to complete 11 of the modules, while six of the modules were individually completed and two of the modules were completed in class by all the residents. When compared to traditional educational lecture-format group, the simulated-practice experience group scored significantly better on the post-tests of knowledge acquisition when compared to pre-test scores. In fact, the simulated practice group increased their scores in every practice management topic area (LoPresit et al., 2009).

**Weekend Retreat and Offsite Learning**

A unique approach to practice management education was found in the anesthesiology literature in which a weekend retreat was held for all anesthesiology residents at the Medical College of Wisconsin (Holak, Kaslow, & Pagel, 2010). The purpose of this retreat was to teach the practice management topics that were not covered anywhere else during residency. The format was speaker-audience interaction and was presented by a variety of local experts on the topics. The residents were ‘very satisfied’ with the experience and knowledge acquisition was maintained up to one year later (Holak et al., 2010). Similarly, Brouns, and Busari (2011), found that one-third of medical resident’s surveyed indicated preference for a workshop on practice management with instruction from practicing experts.

Residents also gave monthly Sunday night dinner lectures at a faculty member’s home. The lecture series received positive evaluations according to Cohn and Baisden (2011). Child care was provided and significant others could attend the lectures given by local experts on such topics as (a) personal finance, (b) how to borrow money, (c) hiring and terminating office staff, (d) coding and billing, and (e) time management (p. 916).
Curriculum Content

Common Themes

Documentation, coding and billing for professional services was identified as an important skill to learn during residency by Fakhry, Robinson, Hendershot, and Reines (2007). In their survey of surgical residents at the Inova Fairfax Hospital, 82% reported to have received inadequate education in documentation and coding for professional services, and 85% (p. 265) expressed that it should be an important part of residency training. Each surgical resident and attending completed a 25-question survey regarding their knowledge of documentation, coding, and billing for professional services. The residents were only able to answer 54% of the questions correctly while the attendings’ scores were somewhat better at 77% (p. 265).

Patel, Bohmer, Barbour, and Fried (2005) also surveyed recent otolaryngology graduates and found that 75% of graduates rated the business training they received in residency as ‘fair or poor’. A business of medicine (BOM) curriculum was designed, based on survey results from practicing otolaryngologists and otolaryngology residency program directors. Both agreed that the top six topics to be included were (a) coding compliance, (b) administrative issues, (c) ethics, (d) legal issues, (e) contracting, and (f) managed care (p. 53).

The BOM curriculum was delivered in a CD-ROM format and included nine modules covering the topics of (a) planning one’s entry into medical practice, (b) maximizing reimbursement, (c) contracting and third-party payers, (d) clinical practice, (e) health care technology, (f) risk management, (g) coding and compliance, and (h) regulatory issues (p. 54).

Several lectures were included with each module and a multiple-choice test at the conclusion of each lecture reinforced important points. The authors acknowledged however that the effectiveness of this teaching method has not been assessed (p. 54).

The University of California at Irvine Medical School (Amin, 2005) incorporated a longitudinal BOM curriculum into each year of medical school utilizing a variety of teaching methods including (a) debates, (b) panel discussions, (c) lectures, (d) students-teaching-students,
(e) panel discussions, and (f) small group sessions (p. 510). Year One included the topics of (a) health care delivery systems, (b) health care insurances, (c) health care rationing, (d) risk management, (e) legal issues, and (f) communication skills in a managed care environment. Ten sessions were available in Year Two business, and politics in medicine. Year Three explored the following topics (a) billing and coding, (b) setting up a practice, (c) customer satisfaction, (d) quality versus cost, (e) patient safety, (f) medical insurance, (g) communication, and (h) organizational skills. Year Four included topics covering (a) single payer, (b) managed care, (c) economics, (d) legal issues of practice guidelines, (e) medical errors, (f) leadership, (g) teamwork, (h) presentation skills, (i) business ethics, (j) personal finances, (k) loans, and (l) malpractice insurance (p. 510).

Crites and Schuster (2004) reported the development of a practice managment seminar series for a pediatric residency that used primarily interactive teaching throughout the three-year residency program. The residents improved their knowledge of practice management issues from 74% on a pre-test to 91% on a post-test (p. 4). The seminars covered major practice management topics including (a) basic coding, (b) revenue management, (c) personal finance, (d) insurance systems, (e) group practice dynamics, (f) interviewing, (g) managing accounts receivable, (h) human resources, (i) risk management, and (j) regulatory issues (p. 3).

A Business for Physicians course was developed for radiology residents by Gunderman and Tawadros (2011) at the Indiana University School of Medicine. The course was offered to 58 radiology residents but only 15 enrolled. An application fee of $50 was required as well as $1400 tuition. The high tuition was due to the use of full-time faculty from the business school. Residents were allowed to use educational book funds provided by the department to pay for the tuition. The course focused on (a) strategy and leadership, (b) marketing, (c) financial analysis, and (d) operations management. Results of the post-course evaluations indicated that the residents thought the material was too broad and not specific enough for physicians to apply to their medical practices.
Thomas and Kern, (2004) developed a six-step approach to curriculum development in medical education. These steps included (a) problem identification and general needs assessment, (b) needs assessment of targeted learners, (c) goals and objectives, (d) educational strategies, (e) implementation, and (f) evaluation and feedback (p. 600). While these six steps do not have to be completed in order, the most important step identified was the general needs assessment. A critical analysis of the problem to be addressed by the curriculum was identified and an ideal design was compared to the current design. The assessment identified the participants current knowledge, attitude, and performance deficits (p. 600). The curriculum design was narrowed and focused as a result of the needs assessment.

**Recommended Teaching Methods**

**Incorporate Adult Learning Theory**

Utilizing the principles of adult learning as set forth by Knowles (1984) the development of a this curriculum should include the residents in the development of the content, allow for hands-on experience, including learning from making mistakes, the content should be taught when it is relevant and the content should be problem-oriented in lieu of content-oriented. They found that adult learning is not successful if adult learners are simply asked to read and memorize materials. Knowles indicates that the basis for adult learning that is that adults are self-directed and as a result need teaching approaches that allow them to discover things on their own without a lot of guidance from a teacher. More than 20 years ago, Middendorf and Kalish (1994) established that adult learners tune out after 15 minutes of listening to a lecture. As a result, teaching techniques for adults need to include a limited didactic lecture approach combined with hands-on learning opportunities in order to fully engage the adult learner.

**Novel Teaching Approaches**

The integration of the department business manager in the residency curriculum was reported to be a beneficial method to teach practice management issues to psychiatry residents at Wright State University (Morrison, Roman & Comer, 1997). The business manager incorporated
the topics of (a) billing procedures, (b) documenting the level of service, and (c) discussing financial issues with patients into the residents first year of training. In Year Two, the business manager focused on managed care. Year Three culminated with a focus on ethical issues in a managed care environment with residents role-playing difficult situations. Morrison, Roman and Comer (1997) found that utilizing the department business manager in the training sessions decreased the resistance by the residents to acquire practice management knowledge.

The Johnson City Family Practice Residency Program (Bayard, Peeples, Holt & David, 2003) found that residents were dissatisfied with the traditional two-day didactic workshop at the beginning of the second year of residency. In addition, the monthly four-hour sessions facilitated by local physicians during the final year of residency also were not adequately preparing the residents for the business practice of medicine. As a result, a complete overhaul of the curriculum occurred to include a more hands-on approach. The development of a mock medical practice allowed the residents to learn the various aspects of practice management. The residents completed a self-assessment before and after the practice management curriculum to determine knowledge and comfort level with a variety of practice management topics. The topics included (a) determining and balancing personal and professional goal, (b) assessing practice opportunities, (c) practice facilities, (d) office organization, (e) practice operations, (f) office and business management, (g) medical records, (h) staff and personnel policies, and (i) regulatory issues (p. 623).

Second year residents attended one half-day workshop each month from August to May. The third year residents attended an hourly session each month. All learning activities were based upon developing and managing a mock practice. Residents worked on group assignments, received lectures, and prepared individual assignments. The residents rated this hands-on experience in practice management as a beneficial and positive experience (p. 624).

In 1992, the Department of Family Practice at the University of Minnesota used the financial experience of an actual medical practice to develop a model to teach the business of
medicine to family practice residents. Instead of the traditional lecture format, third year residents were assigned the role of managing partner of a medical practice and provided information regarding a financially ailing practice. The residents had to make choices regarding the number and types of practitioners, the mix of insurance payors, the charge for office visits, and the number and type of office staff. Gepner (1992) reported that the residents found this method of instruction in the principles of practice management more empowering, relevant, and enjoyable.

**Research Methodology**

**Developmental Research**

The methodology utilized for this exploratory paper was developmental research. According to Seels and Richey (1994), developmental research is a systematic study of the design, development, and evaluation of an instructional or educational program. The factors of instructional strategy, content to be taught, learner characteristics and needs, and technology options were studied. The end result of this developmental research according to van den Akker and Plomp (1993) is the production of a new instructional product used to teach practice management skills to ObGyn residents. Context-specific Type 1 developmental research was utilized to design and develop this new instructional program (Richey, Klein & Nelson, 2003).

**Faculty Member and Residency Program Director Interview**

Only a few of the faculty members interviewed have ever been in private practice. As a result, a major limitation in the development of a new curriculum was the lack of knowledge the current faculty members have regarding the business and practice management principles that need to be mastered for physicians entering private practice. The ObGyn Residency Program Director was interviewed and asked to explain the resources available to teach residents the business and practice management related topics and how these topics were incorporated in the four-year residency. She indicated that the only resources at her disposal were the books published by ACOG and an occasional lecture from a lawyer on employment contracts. She
acknowledged the gap in training for the residents and indicated a need for a comprehensive curriculum to be developed.

**ObGyn Department Alumni Interviews**

Recent graduates of the ObGyn Residency training program were interviewed. Graduates in private practice were asked to identify the business and practice management skills they needed immediately upon entering the work force. Graduates in fellowship training were also asked to identify any business related topics that should be offered in a curriculum to better prepare residents for a sub-specialty fellowship. All identified a need to learn much more about the business aspects of medicine, specifically coding and billing.

**Current ObGyn Resident Interviews**

Interviews were conducted with the current ObGyn residents and they were asked to identify what practice management or business related topics should be added to their four-year curriculum. The current residents did not identify any topics beyond the need to know how to negotiate their first contract. A few mentioned it would be nice to know more about billing related issues but it was apparent they were not aware of their knowledge deficits in practice management. Many of the residents mentioned the 80-hour workweek limit imposed by the ACGME limits and that adding any additional requirements to their curriculum might put them in violation of the 80-hour work week. As a result, a creative approach to the incorporation of this curriculum into a four-year residency program was required.

**Proposed Practice Management Educational Modules For ObGyn Residents**

The review of the literature resulted in a comprehensive summary of the wide range of practice management topics currently being taught in a variety of residency programs. The literature review focused on (a) the educational format used by residency programs, (b) the practice management topics included in the curriculum content, and (c) the methods used to de-emphasize didactics as a primary teaching tool. The overwhelming evidence from the literature review indicates that hands-on, interactive methods are the best way to teach practice
management concepts and skills to residents. While some lectures are still used, most all are complimented with group activities, case scenarios, and feedback on performance.

The practice management topics taught were quite extensive. Figure 1 lists the most common practice management topics the literature review revealed are found in residency program curricula.

Figure 1
Most common practice management topics taught in residency programs.
The results of the interviews and the findings in the literature review, a possible recommendation of relevant topics to include in a new practice management curriculum is displayed in Figure 2. Focused education in the areas of Finance, Practice Operations and Recruitment are the most necessary for a new physician to understand as they are determining their career job choice and preparing to enter the workforce as a practicing ObGyn physician. Figure 2 displays the specific practice management topics, by area, that possibly could be staged during the four-year residency, taught and mastered. Providing online resources and identification of relevant web sites and real-life examples would engage residents in interactive learning about these important aspects of practice management. Participation in real-life scenarios and providing pre-tests and post-tests allow for the assessment of knowledge gaps and confirmation of learning are also needed.

**FIGURE 2**
*Practice management topics selected for new ObGyn residency program curriculum.*
The literature review also identified a need to provide, a focused, yet limited approach when incorporating the essential practice management topics into the current four-year residency program curriculum. Topics that are most relevant for residents entering the job market should be considered. Relevance of the topics to consider could be determined based on two conditions of (a) the topics that related most to the transition to practice activities all residents must encounter, and (b) those topics upon which a foundation of knowledge could be developed and expanded over the four-year curriculum.

The research question this paper focused on answering was, “What are the necessary topics to be included in a four-year practice management curriculum for ObGyn residents?” Based on the review of literature and conversations with practicing ObGyn physicians and recently graduated ObGyn residents, three major areas of practice management were identified for inclusion in a new curriculum: (a) practice operations, (b) recruitment, and (c) finance.

Practice Operations

Of all the issues identified in the Practice Operations area, and taught by a variety of approaches in many different specialties, the category of Regulatory Issues is the most impactful for an ObGyn resident in training. The knowledge gained would benefit the resident during residency and immediately upon entering clinical practice.

Regulatory Issues

A module on regulatory issues would provide the residents with a comprehensive review of important federal regulations that govern many aspects of medical practice. A detailed review of the regulations promulgated by the Occupational Safety and Health Administration (OSHA) could be utilized to create test material. Exercises could require the residents to document knowledge of the Clinical Laboratory Improvement Amendments (CLIA) and the Health Insurance Portability and Accountability Act (HIPAA). In addition, the requirements that the Emergency Medical Treatment and Labor Act (EMTALA) places on all physicians, particularly
ObGyn physicians, could be included in the assignments. Knowledge of each of these important regulations should be required for any new physician entering practice for the first time.

**Recruitment**

**Licensing and Credentialing**

A module requiring the residents to assess and sequence all steps necessary to join a medical practice would be very beneficial. Specific exercises could require the resident to determine all the documents needed to apply for a state medical license, a drug enforcement administration (DEA) number, and how long these processes take. A timeline exercise would allow the resident to realistically plan for all activities that must be completed to obtain a medical license and DEA number, and also hospital and managed care company credentials. The provision of online links to the DEA website, state licensing boards, and directions on how to update the resident’s National Provider Identifier number could be provided. All of these are needed for a resident to successfully transition into clinical practice.

**Negotiating Employment Agreements**

The module focused on employment contracts could allow the resident to review actual employment agreements and determine the missing important provisions. Exercises could be developed to encourage the resident to determine the most important practice benefits expected and desired in a new position. The concepts of restrictive covenants, compensation methodologies, and contract termination options could easily be incorporated into this module.

**Professional Liability Insurance**

The concepts discussed in ACOG’s *Professional Liability and Risk Management, An Essential Guide for Obstetrician-Gynecologists*, could be distilled to enable the resident to learn the different types of malpractice insurance coverage most often provided by employers. This is also an important benefit that residents must understand when considering a job offer.
Finance

Coding and Billing for Professional Services

A solid foundation of knowledge of coding and billing and methods to evaluate revenue potential are essential for any new physician. A module relating to proper documentation in the medical record and how that relates to optimal coding and billing for physician professional services could be the most interactive and engaging. The residency program could partner with the business manager or a certified medical coder to assess the resident’s documentation and coding practices in the ambulatory care setting while in continuity clinic during Year Two of the residency. Real time feedback of the findings could be provided to the resident throughout the second year in order to develop sound documentation and coding practices for the final two years. A number of case scenarios, utilizing the residents and the faulty member actual documentation and billing and reimbursement information could be incorporated in the exercises to assist the resident with gaining confidence in coding for professional services.

Conclusion

Implications for Academic ObGyn Departments

Lemen (2005) found that the use of an interactive web-based module was more successful at improving ObGyn residents’ performance in coding and documentation. A single episode of hands on training in coding and billing for 90 minutes led to improvements in resident coding and documentation skills (Benke, Lin and Ishman, 2013). The benefits of implementing a focused curriculum in the areas of practice management for academic ObGyn Departments could be significant. Residents are involved in providing care to the majority of patients at an academic medical center and as such, the documentation in the medical record by the residents forms the basis for billing and coding for professional services. Faculty members have relied primarily on using the didactic lecture method to teach new concepts to residents. This developmental research indicates that a lecture-based approach is not what is needed; rather a robust hands-on curriculum utilizing novel approaches to teach the concepts of practice management.
Implement a Practice Management Knowledge Assessment

Prior to initiating a new curriculum, a knowledge assessment should be developed and administered to identify knowledge gaps, which should aide in the resident’s awareness of the need to learn these new topics. A practice management knowledge assessment tool could include a variety of questions relating to the topics of practice operations, finance and recruitment in order to gauge each residents understanding of each topic. This assessment should be administered prior to the beginning of the curriculum and then again as a post-test at the end of the four years.

Practice Management Educational Modules Curriculum Timeline

Once the topics for the curriculum are selected, the month and year the topics should be taught over the four years of the residency should be determined. Utilizing Bloom’s taxonomy, which has been used for generations of educators (Bloom, Engelhart, Furst, Hill & Krathwohl, 1956), the course content should be layered to progress from remembering facts to the ability to apply the new knowledge. Figure 3 below shows the progression of learning recommended by Bloom.

![Bloom's Taxonomy Diagram](image)

Based on an APA adaptation of Andersen, L. W. & Krathwohl, D. R. (2001)
Utilizing Bloom’s Taxonomy of progressive learning and mastery of material, Table 1 below displays a proposed curriculum schedule with each module slated for specific years based on the practice management topics that should be mastered in each post graduate year (PGY).

Table 1

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<td>PGY1</td>
<td>Practice Management Knowledge Assessment</td>
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<td>Professional Liability Insurance Module</td>
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<td>PGY4</td>
<td>Licensure and Credentialing Module</td>
<td>Regulatory Issues Module</td>
<td>Practice Management Knowledge Assessment</td>
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This staged approach allows the resident to master each topic in the year in which it is most relevant. For example, the module on recruitment is taught at the end of year three, which coincides with when residents are beginning to look for a job. Documentation and coding basics are taught in the first year as all residents start documenting the chart as soon as the residency begins. Finally a practice management knowledge assessment is taken at the end of the residency to confirm learning and application of new concepts to real life as the ObGyn residents prepare to enter the world of practice.

**Benefits for the ObGyn Residents**

Residency programs are responsible for training the next generation of physicians. The overwhelming majority of the curriculum for a four-year ObGyn residency program focuses on
developing clinical expertise, while practice management education is given little attention. ObGyn residents completing this new practice management curriculum will be better prepared to enter the work force, specifically from a documentation, billing, and coding for professional services perspective. At a minimum, they will develop a comfort level and knowledge of (a) the terminology and proper use of evaluation and management codes, (b) methodologies to optimize revenue, and (c) key components of documentation. The residents also will gain a level of confidence in other business aspects of medical practice. This business knowledge will allow these new physicians to immediately and confidently contribute to their new practice.

Residents will enter the practice of obstetrics and gynecology with confidence in not only the clinical aspects of care but also the business aspects. This robust curriculum allows residents to learn important practice management principles and practice these skills utilizing real-life scenarios, while still in training. The modules, made available during all four years of the residency for reference and review, will assist the graduating resident to negotiate an employment contract, timely obtain licensing and credentialing, and properly bill and code for services.

**Benefits for the Academic Department**

A practice management curriculum meets the needs of residents, potential employers, and current faculty members. Educating residents on these topics has not traditionally been in the purview of the academic faculty. Implementation of this curriculum will provide current ObGyn residents with much needed knowledge to ensure a successful entry into practice. The need clearly exists to develop an ObGyn-specific curriculum. Partnering with the administrative healthcare professionals to develop and implement this proposed curriculum serves to address that need.

**Areas for Further Study**

A consistent finding in the literature is that physicians entering practice for the first time report that their residency training program did a less than adequate job in preparing them to manage the business aspects of a medical practice (Cantor, Baker & Hughes, 1993). In the 2009
(Kolva, Barzee & Morley) Systematic Review of Practice Management Residency Curricula, only a single article had been published related to the obstetrics and gynecology. The ObGyn specialty has written little about the best methods to use to teach residents in training the important aspects of practice management. All ObGyn residency programs can improve the preparation of residents entering medical practice by implementing a focused practice management curriculum. The field of ObGyn would benefit from more scholarship in this area.
Bibliography


