**Sticking with it: Mentoring NEW MCH Providers for Long haul**

**Lessons from the Seminar**

**Maintaining Volume**

*Difficulties:*

Minimum numbers- hard to meet

Fluctuating call pools affect provider volume

Maintain outpatient numbers and mch volume

Minimum volumes set to maintain skills.

Risks of practice-liability

*Solutions:*

Sponsor higher volume option for resident –proctoring –extra rotation

Count labor management in volume numbers

Collaborate with community groups

Free preg tests

Partner with public health dept or crisis pregnancy lines

Centereing pregnancy

**Interdisciplinary Relationships**

*Difficulties:*

Limits on what can you do, who can you supervise

Understanding of who does deliveries

Collaboration and consultation issues

Maintaining fcmc in the specialty oriented model

*Solutions:*

Serve on peer review committee

Shared spaces on L and d

Case reviews

Call together

Internal back uo

Integrated training (ALSO)

Shared journal club

FM triage patients

Outside mediation if needed

Partner with community- doulas

**Privileging**

*Difficulties:*

Requiring fellowships to do deliveries

Proof of practice

Limiting Scope

Who privileges FP

Privileges post break, retraining

*Solutions:*

Get voice at table (join committees, peer review etc;)

Keep credentialing in family medicine

Find niche (taking care of substance abuse, Take care of gest diabetes as can do f/u if become diabetic, midwife referrals, etc;)

**Other Problems**

*Difficulties:*

Maintain interest

burn out

pay for performance issues

*Solutions:*

New graduates retain interests keep newborns

Support worklife balance

Telling new providers ok to say no, set limits to decrease risk of burn out

Find someone to help problem solve, preferably from different institution (

Different practice models as solutions

Have day off after night call

Adequate compensation