

Goals & Objectives: Family Medicine – Obstetrics

Description

The goal of the Obstetrics rotation is to provide learning opportunities that will enable residents to develop skills required for the practice of basic low risk obstetrics in a rural or urban context

Required Labour & Delivery (L&D): During the rotation, Family Medicine residents require to follow 10 patients in labour and do a minimum of 10 independent deliveries L&D.

****EXPECTED TO BE DONE WHILE ON OBSTETRICS ROTATION AND FIELD NOTES DONE****

All low risk patients of Family Medicine OB providers should be preferentially assigned to FM residents.

Objectives

Residents will develop the following competencies:

Family Medicine Expert

Provide pre- and early pregnancy counseling (MAT1) – not necessarily during OB rotation

Confirm and date pregnancies (MAT2) – not necessarily during OB rotation

Perform early pregnancy counselling (MAT3) – not necessarily during OB rotation

Deliver comprehensive pre-natal care to low risk female patients (MAT4) – not necessarily during OB rotation

Manage concurrent medical conditions in pregnant patients (MAT5) – may do during OB rotation

Identify, evaluate and manage early pregnancy problems (MAT6) – not necessarily during OB rotation

- Nausea and vomiting of pregnancy
- Ectopic pregnancy
- First trimester bleeding
- Rh status

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Identify, evaluate and manage late pregnancy problems with consultation when appropriate (MAT7) **EXPECTED TO BE SOME EXPOSURE DURING OBSTETRICS ROTATIONS – FIELD NOTES ENCOURAGED**

- Abnormal lie
- Breech presentation
- IUGR
- Gestational hypertension
- Placenta Position
- Gestational Diabetes Mellitus (GDM)
- Infections
- Antepartum hemorrhage (APH)
- Premature rupture of the membrane (PROM)
- Preterm labor/Post-dates

Confirm, monitor and manage labour including interpretation of fetal heart monitoring (MAT8) **EXPECTED TO BE DURING OBSTETRICS ROTATION – FIELD NOTES ENCOURAGED**

- Induction at/or post-term (38-42 weeks) for medical reasons
- Choosing the appropriate method of induction with consultation as appropriate
- Identify The causes of obstructed labour and consider the appropriate intervention

Manage spontaneous vaginal delivery (MAT9) **AS ABOVE – 10 DELIVERIES – FIELD NOTES REQUIRED**

Manage obstetrical emergencies with consultation as appropriate (MAT10) **EXPECTED TO HAVE SOME EXPOSURE DURING OBSTETRICS ROTATION – FIELD NOTES ENCOURAGED**

- Shoulder dystocia
- Nuchal cord
- Intra-partum fever and infection
- Retained placenta
- Post-Partum Hemorrhage

Repair 1st and 2nd degree perineal tears (minimum of 5) **EXPECTED DURING OBSTETRICS ROTATION – FIELD NOTES REQUIRED – nb – may be on the same patient as a delivery – ie – 2 field notes on same delivery/repair**

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Identify 3rd degree and 4th degree perineal tears (MAT11) **MIGHT HAVE SOME EXPOSURE DURING OBSTETRICS ROTATION – FIELD NOTES ENCOURAGED**

Participate in operative delivery (MAT12) **MIGHT HAVE SOME EXPOSURE DURING OBSTETRICS ROTATION – FIELD NOTES ENCOURAGED**

Provide basic postpartum care in both the hospital and office environments (Mat13) **HOSPITAL BASED IMMEDIATE POSTPARTUM CARE EXPECTED DURING OBSTETRICS ROTATION**

Communication

Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families (CM2)

Recognizes the inherent vulnerability of the woman in labour and validates her proposed care plan with a goal of shared decision making

Shares health care information and plans with patients and their families (CM3)

Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

Works effectively with others in a collaborative team model (CL1)

Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings and mitigating conflicts (CL2)

Recognizes and facilitates the necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, and/or hand over care to enable continuity and safety (CL3)

Leader

Engages in the stewardship of health care resources (LD2)

Health Advocate

Responds to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)

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Scholar

Integrates best available evidence into practice with consideration given to context, epidemiology of disease, multi-morbidity, and complexity of patients (SC2)

Professional

Demonstrates a commitment to patients through clinical excellence and high ethical standards (PR1)

Demonstrates a commitment to society by recognizing and responding to societal expectations in health care (PR2)

Demonstrates a commitment to reflective practice (PR5)

Assessments:

- Field notes – **GOAL OF MINIMUM 20 FIELD NOTES – THIS INCLUDES THE 10 DELIVERIES AND 5 REPAIRS**
- In-training Assessment Report (ITAR)