OBSTETRICS & WOMEN'S HEALTH PROGRAM
PROGRAM DESCRIPTION & EDUCATIONAL OBJECTIVES
FOR ENHANCED SKILLS RESIDENTS

INTRODUCTION

The Educational Objectives for Obstetrics outlined below focus on the educational experience in Obstetrics obtained throughout the Enhanced Skills Program in Obstetrics. The Department of Family Medicine wishes to build on the Obstetrics knowledge and skills gained during the PGY1 and PGY2 years in order to allow the Enhanced Skills resident to develop the necessary knowledge and skills to proficiently practice low risk GP-Obstetrics in a community hospital. The department hopes that with an intensive 6 month immersion in the field of Obstetrics that the resident will be able to attain these goals. However, the Department of Family Medicine recognizes that it is not reasonable or possible to cover all presentations and topics in the field of Obstetrics but hopes that with this intensive immersion that the resident would then be able to recognize an emergency situation, understand the concepts of patient evaluation, investigation and management, and the methods whereby further investigation and management strategies can be acquired. Each resident will have to adhere to the objectives outlined by the Enhanced Skills Obstetrics and Women's Health subcommittee as well as any individual goals and objectives based on individual needs and interests.

STRUCTURE AND LEARNING ENVIRONMENT

The Enhanced Skills resident will be based in two out of three following locations: a busy community teaching hospital situated in Chatham (3 months) or in Kitchener (3 months) or with the Family Medicine-OB/Women's Health group practice in London through London Health Sciences Centre (LHSC). Kitchener and Chatham offer a mix of delivery room experiences and outpatient OB/GYN clinics that are tailored to the residents objectives and perceived needs in consultation with the site prorgam director.

The London site is structured in a way that allows for multiple experiences in women's health clinics as well as the delivery room, all while being exposed to family physicians practicing intrapartum obstetrics. There are two half days per week spent in the Family Medicine OB clinic at LHSC and one half day per week spent as the first on-call for the consultant obstetrical service (covering triage, antenatal, postpartum andthe delivery room) along with women's health clinics, community-based FM-OB clinics and on-call delivery room coverage for the FM-OB group.

Participation in the care of obstetrical and gynecologic patients is a privilege. Each patient with whom the resident is involved will have explained to them by the resident, their role, and consent to participate in their care.

HIERARCHAL STRUCTURE

1) Directors – Dr. Andrea Alarie (Kitchener), Dr. Neerja Sharma (Chatham) & Dr. Paige Hacking (London)
2) Administrative support at Kitchener, Chatham and London sites

DUTIES

1) Residents in the program function as senior residents and are involved in teaching of junior learners when the opportunity arises.

2) While in the delivery room, the resident's responsibilities will include the assessment, or supervising the assessment by a junior member of the team, of patients who present to OB triage for assessment. The most responsible physician caring for the patient will then be contacted by the resident or delegate, the patient discussed with them and appropriate management reviewed. The resident will be responsible for assessing all patients admitted to the delivery room and contacting the most responsible physician to provide updates following admission. The exception will be for those family physicians who have a FM Resident or Medical Student attached to their team. While in the community hospital rotations, the resident will review and sign all non-stress tests ordered by the obstetricians during the rotation. The facesheet will be placed in the appropriate OB's mailbox, with information indicating the date and reason for the NST. The resident will be responsible for ensuring that patients for elective C/S are assessed prior to the surgery, and for acting as 1st assistant at Caesarian Sections.

3) When applicable, resident will round daily on the OB and GYN patients on the service with the junior members of the team ensuring that progress notes are written. Consultations with allied health professionals will be obtained as appropriate (i.e. Social work, lactation consultants, physio, CAS).

4) The resident will participate in the MORE-OB program when available. This will include running a skills drill or emergency drill on a weekly basis involving delivery room staff. These should be coordinated with the Professional Practice nurse. The resident will also attend the MORE-OB Core Team meetings. If on rotation in London, participation in an interprofessional case simulation may be available.

5) In addition, the resident will be first call to the Emergency room for consultation when on an OB/GYN service experience. The resident, or delegate will perform the consultation, examine the patient, and discuss with the On Call obstetrician.

6) One Obstetrical Grand Round Presentation on a topic to be chosen by the resident, and discussed with the site director (Dr. Sharma, Dr. Hacking or Dr. Alarie), will be performed during the 6 month program. Involvement of junior members of the team is encouraged.

GRADUATED RESPONSIBILITY

1) The resident will attend a varying number of obstetrical clinics per week depending on the site, at which low risk patients can be followed by the resident throughout their rotation, under the supervision of an obstetrician or FM-OB. This may also include the assessment

of patients who develop common risk factors during pregnancy, including gestational diabetes and gestational hypertension.

2) The resident will see patients who have been diagnosed with 1st trimester bleeding, in follow-up at an early pregnancy clinic, and reviewed with the involved OB consultant.

3) The resident will be the first call person for Inpatient and Emergency consultation. They may assign an available junior member of the team to attend the patient, review and examine the patient, contact the OB on Call, and discuss further management.

SCHOLARLY ACTIVITIES

1) All residents in the Enhanced Skills program are required to complete a scholarly project. The formal Obstetrical Grand Rounds presenation noted in Duties (6) above will fulfill this requirement. Topics should be discussed with your site director. Please refer to the Enhanced Skills Orientation Manual for more direction regarding project requirements and departmental assistance with funds, ethics approval, literature reviews, etc. if an alternative scholarly project is desired.

2) All residents are required to log their self-directed reading and educational endeavours using field notes. The log should also include the following procedures: vaginal births, assisted vaginal births, scalp clip monitor, AROM, NST, c-section assist, vaginal repairs. Goals, objectives and resources should be discussed with your program site director.

3) The Department of Family Medicine will help sponsor the resident (according to PARO guidelines) and encourage them to complete the following courses: ALSO, ALARM, NRP.

4) The resident is encouraged to teach at PGY-1/PGY-2 academic half day and the OB skills day on a topic related to their field of specialization. This can be discussed with the academic program director and the enhanced skills program director.

EVALUATION

1) The resident will be supervised on a daily basis and evaluated from numerous experiences. This may be from a clinic, on-call or delivery room assessment. A logbook is to be kept by the resident, recording Consultations, and any procedures performed by the resident during the care of the patient.

2) The resident will meet informally with their program site director 1 hour per week to discuss cases and review any concerns. The log book should be reviewed at that time. An individual learning plan should be developed by the 3rd week of the rotation, and discussed with the program site director.

3) An interim evaluation on the one45 system will be completed at the 4 week mark with the Site Coordinator.

4) A final evaluation on the one45 system will be completed during the last week of the rotation with the Site Coordinator.

5) A midterm review with the program director will take place to ascertain the resident's progression either in person, by phone or by video-link (skype) when needed.

OBJECTIVES FOR OBSTETRICS AS CONSIDERED BY THE CANMEDS-FM ROLES

I. Family Medicine Expert

1. The Family Medicine Resident will become knowledgeable in the following:

1.1. The Family Medicine Resident will demonstrate the ability to provide prenatal care

- **1.1.1.** Understand preconceptual counselling requirements.
- **1.1.2.** Provide care for pre-pregnancy planning.
- **1.1.3.** Establish the desirability of pregnancy in a patient with suspected or confirmed pregnancy.
- **1.1.4.** Diagnosis of pregnancy, physical examination of the pregnant female and the risk factors which determine the Obstetrical risk of the patient on initial presentation.
- **1.1.5.** The signs and symptoms of maternal psychological and physical distress.
- **1.1.6.** Provide initial and subsequent prenatal visits with history, physical, counselling and laboratory investigations.
- **1.1.7.** Antenatal testing including options, indications, and interpretation.
- **1.1.8.** The major parameters which must be assessed at each antepartum visit.
- **1.1.9.** Optimal weight gain and appropriate uterine growth curve.
- **1.1.10.** The judicious prescription of medication during pregnancy and awareness of potential drug effects on the mother and fetus.
- **1.1.11.** Causes and management of abdominal pain during pregnancy.
- **1.1.12.** Be able to recognize, manage, and refer to a specialist, as appropriate, with regards to various prenatal problems including but not limited to intrauterine growth restriction, gestational hypertension, gestational diabetes, prelabour rupture of membranes, pre-eclampsia, threatened preterm labourand vaginal bleeding.
- **1.1.13.** Assessment and management of common conditions seen in Triage. This may include the management of early or false labour, decreased fetal movement, pain syndromes, possible ruptured membrances and threatened preterm labour.

1.2. The Family Medicine Resident will be able to provide care for labour and delivery

- **1.2.1.** Proper triaging of obstetrical patients in labour or with antenatal issues.
- **1.2.2.** The normal progress of labour.
- **1.2.3.** Management of induction and augmentation of labour. Understand the indications for both.
- **1.2.4.** Management of uncomplicated labour including cervical assesments.
- **1.2.5.** The signs of fetal distress.
- **1.2.6.** Identification of the patient who develops an at-risk condition during labour.
- **1.2.7.** Management of the normal second stage of labour.
- **1.2.8.** Identification of the patient requiring episiotomy at delivery.
- **1.2.9.** Identification and management of the abnormal second stage.

1.2.10. Indications for an operative delivery (including C-section, forceps delivery and vacuum extraction).

1.2.11. Management of preterm labour with and without rupture of membranes.

1.2.12. The obstetrical indications for induction of labour.

1.2.13. Management of the patient requiring cervical ripening and to understand the indications for both cervical foley catheter ripening and the use of prostaglandin devices.

1.2.14. Understand the initial management of the patient with an obstetrical emergency. This may include as first responder for third trimester bleeding, cord prolapse and post-partum hemorrhage.

1.3. The Family Medicine Resident will be able to manage common intrapartum and postpartum problems

1.3.1. Understand the indications for a Non-Stress Test, Biophysical Profile testing and Doppler Flow studies and how to interpret them.

1.3.2. Causes and management of bleeding in all trimesters.

1.3.3. Identification and management of the patient with a fetal demise. This will include the management of early pregnancy bleeding, second/third trimester loss and stillbirth. Methods of evacuation of the uterus, including Dilation & Curettage, induction of labour for the patients in the second/third trimesters and their complications should be understood.

1.3.4. Understand the management and when to refer to an FRCP trained obstetrician in the setting of multiple gestations, breech presentation, failure to progress, fetal distress.

1.3.5. Understand the principles of pain management during labour and early labour, including but not limited to use of epidural anesthesia, patient controlled analgesia with fentanyl or other low dose infused narcotics, nitronox inhalation analgesia and the principles of therapeutic rest.

1.3.6. Understand the indications for and how to perform external and internal fetal heart rate monitoring in labour.

1.3.7. Understand the indications for and how to perform Intrauterine pressure monitoring (IUPC) in labour.

1.3.8. Identification of the patient requiring an assisted vaginal delivery. Understand the indications for an assisted vaginal delivery, including outlet vacuum or forcep delivery. This may include the application of said assistive devices under the direct supervision and verification of the Obstetrician responsible for the care. The resident should understand that competence is unlikely to be acquired in this skill, during this rotation, or during the year of training.

1.3.9. Understand the risk factors for and identify shoulder dystocia.

1.3.10. Management of the normal 3rd and 4th stage post delivery as well as recognizing complications, the implication of abnormalities during labour and postpartum care of the woman.

1.3.11. Identification of 3rd and 4th degree obstetrical injuries/tears as well as complicated vaginal injuries.

1.4. The Family Medicine Resident will provide continuity of care

1.4.1. Postpartum orders that provide for the needs of the patient in-hospital.

1.4.2. Liase with allied health care staff (RN, lactation consultants, doulas, etc.)

1.5 The Family Medicine Resident will be able to provide basic postpartum care

1.5. The Family Medicine Resident will draw on their knowledge and experience from the two year Family Medicine Program and be able to demonstrate comprehensive

care of the neonate recognizing and managing common and serious problems in the neonatal period including the ability to:

1.5.1. Knowledge and provision of routine neonatal care and discharge instructions (i.e. breastfeeding advice, neonatal screening including hearing, how to monitor hydration/weight gain, vitamin D supplementation, sleep positioning)

1.5.2. Recognition of the need for neonatal screening for metabolic abnormalities (i.e. PKU, thyroid).

1.5.3. Diagnose, investigate and manage serious neonatal conditions (i.e. jaundice, hypoglycemia, small/large for gestational age, infant born to febrile/GBS positive mother, infant born to Hepatitis B positive mother, respiratory distress, vomiting in newborn period, sepsis, hypotonia, failure to thrive and dehydration.

2. The Family Medicine Resident will become competent at performing each of the following:
2.1 Prenatal assessment using non-stress tests and intrapartum assessment of fetal heart rate tracings.
2.2 Assessment for possible rupture of membranes.
2.3 Induction of labour, including artificial rupture of membranes and the use of oxytocin. Within the scope of an FM-OB, recognize that Induction is for women >41 weeks and <42 weeks or for women >37 weeks with PROM and no labour or other risk factors.
2.4 Amniotomy.
2.5 Vaginal exam for assessment of presentation, position, and degree of dilation of cervix.
2.6 Augmentation of labour.
2.7 Fetal heart monitoring including scalp clip application.
2.8 Insertion of intrauterine pressure catheters.
2.9 Management of spontaneous labour and birth.
2.10 Become aware of how to perform bilateral pudendal blocks.
2.11 Performance of episiotomy, when indicated.
2.12 Be able to perform the manoeuvres that may be required to achieve delivery in the setting of shoulder dystocia.
2.13 The ability to assist with the birth of an infant safely from the anterior occiput position in the low pelvic station spontaneously and begin to become aware of how to use outlet forceps or vacuum (in conjunction with OB).
2.14 Assessment of degree of perineal tearing.
2.15 Repair of midline and medio-lateral episiotomies.
2.16 Management of antepartum and postpartum hemorrhage.
2.17 Exploration of the uterus and systematic inspection for lacerations of the cervix, vagina, and perineum.
2.18 Manual removal of the placenta.
2.19 Assistance at Caesarian Section. This may include ensuring patients are NPO, pre-operative orders are complete, obtaining consent for emergency c-section delivery and performing the Surgical Safety Checklist in the presence of all participants.
3. The Family Medicine Resident may become competent at performing each of the following:

3.1 Vacuum extraction in the OA position.
3.2 Delivery using low forceps extraction.
3.3 Repair of 3rd and 4th degree perineal tears.

II. Manager

Family Medicine residents will
1. Order appropriate and economical selection of diagnostic and screening tests. 2. Make referrals effectively. 3. Demonstrate understanding of roles of all health care providers in the team. 4. Demonstrate understanding of hospital maternal/newborn care planning and policy-making. 5. Understand how to mobilize the obstetrical team in an emergency situation. 6. Understand the principles of a high reliability organization and the role of the team in an emergency.

III. Communicator

Family Medicine Residents will be able to communicate effectively with patients, family members and members of the health care team
1. Demonstrates listening skills. 2. Demonstrates language skills (verbal, writing, charting). 3. Demonstrates non-verbal skills (expressive and receptive). 4. Demonstrates skills in adapting communication appropriately to a patient's or colleague's culture and age. 5. Demonstrates attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own). 6. Apply these communication skills to facilitate shared and informed decision-making. 7. Able to coordinate community resources including knowledge of the Local Health Integration Network (LHIN) and other outreach services. These resources will include knowledge of referral to a public health nurse for postpartum counselling in the case of primiparous mothers and the role of the lactation consultant. 8. Function within a team composed of members from various health care disciplines. 9. Recognizing situations where a specialist consultation is appropriate, and effectiveness in communicating the purpose of the referral, the patient's clinical condition and pertinent previous obstetrical history.

IV. Collaborator

Family Medicine Residents will be able to collaborate
1. Work collaboratively in different models of maternity care. 2. Engage patients and families as active participants in their care.

V. Health Advocate

Family Medicine Residents will be able to advocate for the health of patients
1. Acting as an effective patient advocate with employers and social service agencies. 2. Identify prenatal patients who are vulnerable or marginalized and assist them in issues (i.e. occupational issues, special diet application forms, etc.) that promote their health. 3. Identify newborns at risk because of social, family or other health situations and to work appropriately with children's protective services.

VI. Professional

Family Medicine Residents will have demonstrated professionalism
1. Demonstrates (i.e. day to day behaviour) that reassures others that the resident is responsible, reliable and trustworthy.
2. Identify newborns, mothers, families at risk because of social, family or other health situations.

VII. Scholar

The Family Medicine Resident will have demonstrated their scholarly proficiencies:
1. Strategies for lifelong learning and continuing maintenance of professional competence.
2. Demonstrates self-directed learning based on reflective practice.
3. Access, critically evaluate and use medical information in maternal and child health care decisions.

WOMEN'S HEALTH COMPONENT
PROGRAM DESCRIPTION & EDUCATIONAL OBJECTIVES FOR ENHANCED SKILLS RESIDENTS

INTRODUCTION

The Women's Health portion is incorporated into the OB rotations but is not the priority or focus of this program. The Educational Objectives for Women's Health Program outlined below focus on the educational experience available during the time spent in Women's Health and are a secondary goal in this program. The primary goal of the program is the attainment of the obstetric objectives outlined above. The Department of Family Medicine recognizes that it will not be possible to cover all topics in Women's Health during this period, nor is it a goal to do so, but offer a number of important educational objectives in this area that the resident can ultimately decide which Women's Health based objectives meet his/her educational objectives and needs. This will be done in conjunction with the program coordinators.

STRUCTURE AND LEARNING ENVIRONMENT

The available Women's Health horizontal elective experiences available include clinics in: Genetics Clinic, Family Planning Clinic, Pregnancy Options Clininc, Sexually Transmitted Disease Clinic, Breast Clinic, Endocrine in Pregnancy Clnic, Urogynaecology Clinic, Osteoporosis Clinic, Sexual Assault Counselling/Crisis Counselling Clinic, Palliative Care, as well as experience in the primary care of immigrant women. These rotations vary based on location (Kitchener, Chatham, London) and should be discussed with your site director.

Family physicians, specialists and nursing staff on each of these rotations are educational resources towards achieving these objectives in Women's Health.

DUTIES

1) The resident is responsible for arranging the Women's Health horizontal electives in

consultation with the site director.

2) The resident is responsible for distributing evaluations to the rotation preceptors.

3) The resident is responsible for discussing their learning objectives with their rotation preceptors.

ROTATIONS

In addition to the blocks spent with an FRCP obstetrician in Chatham and Kitchener, the blocks of Family Medicine Obstetrics will be spent with the FM-OB group at LHSC. During this time, the resident will be exposed to a medium to large volume of low risk OB patients as well as an opportunity to solidify skills, knowledge and procedures related to women's health.

It is the resident's responsibility to arrange for rotations during the Women's Health component of the program with the assistance of the site program director. The rotations are done horizontally as there are no full block that exist regarding these experiences. There is a vast array of horizontal electives to chose from that include GYN-procedural clinics, pregnancy options clinics, radiology clinics, medical/surgical clinics and psychiatric clinics. The clinics vary from site to site in Chatham, London and Kitchener, and you are uged to discuss these options with your preceptors.

OBJECTIVES FOR WOMEN'S HEALTH AS CONSIDERED BY THE CANMEDS-FM ROLES

I. Family Medicine Expert

1. The Family Medicine Resident will become knowledgeable in the following:
1.1 Adaptable to changing social circumstances and is able to mobilize appropriate resources to address the Patient needs. The Family Medicine Resident will become knowledgeable in the following: **1.1.1** The educational and supportive resources available to women in London.
1.2 Become knowledgeable about the determinants of health surrounding their practice-specific patients: **1.2.1** Women as "at risk" for significant medical illnesses (e.g., osteoporosis, breast disease, etc.). **1.2.2** Women as "at risk" for a number of social determinants of health (e.g., cultural/language isolation, violence against women, low socio-economic status, etc.). **1.2.3** The family physician as responder to the broad spectrum of female health needs and as the facilitator of investigations, treatment, referral, etc.
1.3 Become knowledgeable about illness presentation by gender **1.3.1** Objectives tailored to resident's needs on specific rotations
1.4 Become knowledgeable about disease prevention and health promotion **1.4.1** Objectives tailored to resident's needs on specific rotations
1.5 Become knowledgeable regarding the aspects of reproductive health **1.5.1** See objectives developed for Enhanced Skills Program in Obstetrics
1.6 Become knowledgeable regarding mental health issues to a defined practice population **1.6.1** Objectives tailored to resident's needs on specific rotations
1.7 Develop an awareness and understanding regarding international women's health **1.7.1** Objectives tailored to resident's needs on specific rotations

II. Manager

Family Medicine residents will:
1. Order appropriate and economical selection of diagnostic and screening tests.
2. Make referral effectively.
3. Demonstrate understanding of roles of all health care providers in the team.
4. Demonstrate understanding of hospital care planning and policy-making.
5. Understand how to consult and collaborate with the obstetrical team in an emergency situation.
6. Understand the principles of a high reliability organization and the role of the team in an emergency.

III. Communicator

Family Medicine Residents will be able to communicate effectively with patients, family members and members of the health care team
10. Demonstrates listening skills.
11. Demonstrates language skills (verbal, writing, charting).
12. Demonstrates non-verbal skills (expressive and receptive).
13. Demonstrates skills in adapting communication appropriately to a patient's or colleague's culture and age.
14. Demonstrates attitudinal skills (ability to respectfully hear, understand and discuss an opinion, idea or value that may be different from their own).
15. Apply these communication skills to facilitate shared and informed decision-making.
16. Able to coordinate community resources including knowledge of the Local Health Integration Network (LHIN) and other outreach services.
17. Function within a team composed of members from various health care disciplines.
18. Recognizing situations where a specialist consultation is appropriate and effectiveness in communicating the purpose of the referral, the patient's clinical condition and pertinent medical history.

IV. Collaborator

Family Medicine Residents will be able to collaborate
3. Work collaboratively in different models of care.
4. Engage patients and families as active participants in their care.

V. Health Advocate

Family Medicine Residents will be able to advocate for the health of patients
4. Acting as an effective patient advocate with employers and social service agencies.
5. Identify prenatal patients who are vulnerable or marginalized and assist them in issues (i.e. occupational issues, special diet application forms, etc.) that promote their health.
6. Identify newborns at risk because of social, family or other health situations and to work appropriately with appropriate protective, social and law-enforcement services.
7. Understand the unique experience of health and health care of immigrant and First Nation women.

VI. Professional

Family Medicine Residents will have demonstrated professionalism
3. Demonstrates (i.e. day to day behaviour) that reassures that the resident is responsible, reliable and trustworthy.
4. Consider the continuing nature of the Patient/Family Physician relationship in the care of women patients.

VII. Scholar

The Family Medicine Resident will have demonstrated their scholarly proficiencies:
4. Strategies for lifelong learning and continuing maintenance of professional competence.
5. Demonstrates self-directed learning based on reflective practice.
6. Access, critically evaluate and use medical informations in women's health care decisions.

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