

FAMILY PLANNING ROTATION OBJECTIVES FOR PGY3, PGY4, PGY5

| CanMEDS Roles | <u>CanMEDS Key Competencies</u> | <u>Methods to Facilitate Achievement of Competency</u> |
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| <p>1. Medical Expert a. Knowledge:</p> | <p><u>Surgical Abortion</u></p> <ul style="list-style-type: none"> • Describe the various surgical abortion procedures and the gestations for which they are appropriate. • Understand options for pain management in surgical abortion <ul style="list-style-type: none"> ○ Be familiar & competent with paracervical block for abortion <ul style="list-style-type: none"> ▪ Be familiar with indications/contraindications & dosage ▪ Know indications and contraindications for vasopressin in paracervical block ○ Know indications, contraindications, limits and reversal medications for conscious sedation (fentanyl & midazolam) <p>A. First Trimester</p> <ul style="list-style-type: none"> • List the steps that must be performed prior to an abortion procedure to ensure safety for the patient. • Describe the basic steps of electric and MVA. • Discuss the use of the MVA device in early pregnancy loss or termination. • Explain the importance of examining the uterine aspirate. • Be familiar with use of antibiotics for prophylaxis of perioperative infection. • Be able to anticipate, recognize and treat common possible complications of surgical abortion <p>B. Second trimester</p> <ul style="list-style-type: none"> • Explain the methods of cervical preparation including the process of laminaria/dilapan insertion and know side effects, possible complications • List the steps involved in the Dilation and Evacuation procedure. <p>C. Prevention and management of complications</p> <ul style="list-style-type: none"> • List the complications of first-trimester and second-trimester abortions. • Describe ways to prevent and treat these complications. | <ul style="list-style-type: none"> • attending and participating in family planning clinic • reading in recognized references on general family planning and contraception topics and doing literature searches on specific patient problems • presentation and review of cases with family planning team staff with regular feedback |

Medical Management of Abortion and Miscarriage

A. Early Medical Abortion

- Discuss the different protocols for medical abortion (misoprostol alone, methotrexate + misoprostol, mifepristone + misoprostol) and the relative efficacy.
- Discuss the success of medical abortion as compared to surgical abortion.
- Detail the steps associated with methotrexate and misoprostol medication abortions.
- Describe side effects and complications associated with medication abortion and the appropriate treatment.
- Explain issues surrounding the rare, serious infections associated with medical abortion.

B. Medical Management of Miscarriage

- Discuss the use of misoprostol for early non-viable pregnancy.
- Explain evaluation before and after use of misoprostol for non-viable pregnancy.
- Be able to counsel patients and explain the benefits and disadvantages of expectant management, misoprostol treatment and suction aspiration for early non-viable pregnancy.

Contraception and Sexual Health:

Hormonal Contraception

A. Overview

- Discuss the available methods of hormonal contraception and their relative efficacy.

B. Combined Hormonal Contraception

- List contraindications for combined hormonal contraceptives.
- List the non-contraceptive benefits provided by combined hormonal contraceptives.
- Describe factors to be considered for special patient populations.
- Counsel patients as to proper use of oral contraceptives and dispel myths patients may believe regarding contraceptive use.

C. Progestin only

- Describe the advantages and limitations of progestin only contraception.

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| <p>b. Skills:</p> | <ul style="list-style-type: none"> • List the administration methods of progestin only contraception. • Discuss the factors relevant to prescribing injectable progestin only contraception. D. Emergency Contraception <ul style="list-style-type: none"> • List available methods of emergency contraception. • Describe the available regimens, how to use them, efficacy rates and side effects that may be expected. <p>Non-Hormonal and IUD</p> <ul style="list-style-type: none"> A. Barrier and other non-hormonal Methods <ul style="list-style-type: none"> • Name available barrier methods for contraception. • Describe the benefits and limitations of each method. B. Intrauterine Contraception <ul style="list-style-type: none"> • Describe the two categories of IUCs and their respective benefits and limitations. • Describe the method of inserting and removing an IUC. • Discuss the non-contraceptive health benefits of both the hormonal and non-hormonal contraception. C. Sterilization <ul style="list-style-type: none"> • Describe various techniques for permanent sterilization in women and know the advantages and disadvantages of each. • Discuss risk factors, including pregnancy, associated with tubal sterilization. <p>Sexual Health:</p> <ul style="list-style-type: none"> • Describe strategies to promote adherence to contraceptive methods and encourage safe sex behaviours. • Discuss epidemiology, pathophysiology, investigation, diagnosis, management and/or prevention of sexually transmitted infections. <ul style="list-style-type: none"> • <u>Procedures</u> <ul style="list-style-type: none"> • to be able to perform the following procedures: • Paracervical block • IUC insertion • Insertion of cervical dilators • <u>Surgical Skills</u> | <ul style="list-style-type: none"> • supervised performance of outpatient procedures in clinic • supervised performance of procedures in operating room |
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| 2. Communicator | <ul style="list-style-type: none">• Manual vacuum aspiration• Dilation and curettage• Dilatation and evacuation > 14 weeks, under supervision <ul style="list-style-type: none">• to understand the impact of fetal anomalies or an unwanted pregnancy to patients and their families and to put them into perspective within the framework of the patient's biopsychosocial situation• to explain contraception options to patients in accessible language• to understand and acknowledge the patient as a partner in finalizing the management plan• to create brief but complete records on patient encounters | <ul style="list-style-type: none">• observation and participation in discussions of management plan, consent for surgery, postoperative complications.• observation of nursing clinics• participation as lead physician for new patient encounters under staff supervision |
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| 3. Collaborator | <ul style="list-style-type: none"> • to effectively collaborate with peers, staff, and all members of the integrated family clinical team • to collaborate with other professionals in the multidisciplinary family planning program as well as within the hospital when necessary in determining the best care plan for patients in the most timely fashion • to actively involve associated and allied staff, and other clinical participants in decision making or case review of patient management, clinic protocols, or surgical procedures | <ul style="list-style-type: none"> • daily interaction with team members for optimal patient care • active participation in care plan for patients • coordinate patients care in context of multidisciplinary team |
| 4. Leader | <ul style="list-style-type: none"> • to effectively balance time between patient care, learning, and stress management • to recognize personal limits of knowledge and skill | <ul style="list-style-type: none"> • discuss time management issues with attending staff • organize personal objectives to meet goals of rotation |
| 5. Health Advocate | <ul style="list-style-type: none"> • to apply research findings to optimize patient's care • to encourage contraception options as an avenue of health promotion and prevention | <ul style="list-style-type: none"> • discuss research findings with staff and patients in management planning • understand issues of informed consent and discuss these with patients and families |
| 6. Scholar | <ul style="list-style-type: none"> • to appreciate current important research areas in family planning and contraception • to facilitate education of other learners in the multidisciplinary family planning team | <ul style="list-style-type: none"> • presentation to family planning team |
| 7. Professionalism | <ul style="list-style-type: none"> • to demonstrate a commitment to considerate treatment of patients and ethical practice | <ul style="list-style-type: none"> • direct observation and feedback from multidisciplinary team members based on daily interactions with the resident |

Obstetrics & Gynecology: Foundations EPA #8 Counselling and management for patients requiring family planning

Key Features:

- - This EPA includes assessment and comprehensive management, including counselling, for patients regarding contraceptive options and/or medical and surgical termination of pregnancy.
- - This includes being aware of professional obligations to patient care, and advocating on behalf of patients to remove barriers to contraception.
- - This EPA includes obtaining informed consent for placement of intrauterine contraceptives, tubal ligation/salpingectomy, and pregnancy termination.
- - This EPA does not include contraceptive management of patients with significant co-morbidities.
- - The technical skills in this EPA include intrauterine device (IUD) insertion and removal.
- - This EPA may be observed in the inpatient, outpatient, and emergency room settings.
- - The observation of this EPA is divided into two parts: assessment and management; and IUD insertion.
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Assessment Plan:

Part A: Assessment and management

Direct observation by OBGYN faculty, other specialized health professional or TTP trainee Use Form 1. Form collects information on:

- - Patient issue (select all that apply): reversible contraception; permanent contraception; emergency contraception; medical pregnancy termination; surgical pregnancy termination
- - Co-morbidity: yes; no
Collect 5 observations of achievement
- - At least 3 different patient issues
- - At least 3 observers must be attending physician

- - At least 2 different observers Part B: IUD insertion
Direct observation by OBGYN faculty, other specialized health professional or TTP trainee Use Form 1.
Collect 2 observations of achievement

Part A: Assessment and management

- 1 ME 1.4 Apply clinical and biomedical sciences to manage presentations in gynecologic care
- 2 ME 2.2 Perform a patient assessment including history and physical exam
- 3 ME 2.2 Synthesize clinical information for the purpose of counselling about contraceptive options and pregnancy termination
- 4 COM 4.1 Explore the perspectives of the patient and others when developing care plans
- 5 ME 2.3 Work with the patient to understand relevant options for care
- 6 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
- 7 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 8 ME 3.2 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options
- 9 COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 10 COM 4.1 Communicate with cultural awareness and sensitivity
- 11 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions
- 12 L 2.1 Consider costs when choosing care options
- 13 HA 1.2 Work with patients to increase opportunities to adopt healthy behaviours
- 14 P 1.3 Manage ethical issues encountered in the clinical and academic setting

Part B: IUD insertion

ME 3.4 Perform IUD insertion/removal in a skilful, fluid, and safe manner

Last Revision: September 2020