

2. COMMUNICATOR	<p>A. To understand the issues involved in communicating a treatment plan to a patient and her partner</p> <p>B. To convey complicated medical information and related issues in simple terms to patients and their families</p> <p>C. To communicate care plans clearly and precisely to all members of the multidisciplinary teams</p> <p>D. To develop the ability to communicate with the multidisciplinary team in times of medical and/or family emergencies</p>	<ul style="list-style-type: none"> • Participation as lead physician in new patient assessment and counseling under staff supervision • Participating and supervising change of shifts rounds with attending staff, house staff and nurses
3. COLLABORATOR	<p>A. To communicate effectively and in a timely manner with consulting physicians and midwives for efficient and optimal patient care</p> <p>B. To collaborate with all members of the multidisciplinary team to clearly and precisely outline patients' care plans</p> <p>C. To work in a collaborative manner with students and allied health professional learners</p>	<ul style="list-style-type: none"> • Daily interaction with consultation services and staff physicians for optimal patient care • Participation as integral team member in daily patient rounds • Coordinate patient care for patients in a multidisciplinary environment
4. LEADER	<p>A. To understand the basic principles and implement strategies for risk management in obstetrics</p> <p>B. To effectively learn to delegate duties to junior house staff and nurses and still maintain responsibility for the care of the patient</p> <p>C. To effectively balance time between patient care, learning and stress management</p> <p>D. To manage and recognize effects of fatigue on patient care and safety</p> <p>E. To effectively prioritize heavy workloads and personal commitments</p>	<ul style="list-style-type: none"> • Discussion of time issues with attending staffs • Active participation in monthly quality assurance meetings • Organize the weekly obstetrical high risk rounds • Participate in the evaluation of the medical students and junior house staff

5. HEALTH ADVOCATE	<p>A. To familiarize oneself with the relative costs of different diagnostic and treatment modalities</p> <p>B. To familiarize oneself with available current screening strategies for health maintenance and promotion from an individual and population perspective as applicable to prenatal care</p> <p>C. To demonstrate proficiency with obtaining informed consent</p>	<ul style="list-style-type: none"> • Discussion of cost and issues on rounds with attending staff physicians • Participation in patient and couple counseling sessions • Participation in obtaining informed consents for surgical procedures and clinical trials participations
6. SCHOLAR	<p>A. To have a basic understanding of the process to submit an academic publication or presentation in obstetrics</p> <p>B. To demonstrate a basic understanding of research study design as applicable to obstetrics</p> <p>C. To demonstrate an ability to critically appraise current literature as applicable to prenatal care and delivery</p> <p>D. To facilitate the education of other learners in a multidisciplinary team</p>	<ul style="list-style-type: none"> • Presentation at Resident Core Lecture series • Presentation and participation in high risk obstetrical rounds weekly • Presentation at Journal Club and M+M rounds
7. PROFESSIONALISM	<p>A. To demonstrate a commitment to patients and profession through ethical practice</p>	<ul style="list-style-type: none"> • Direct observation and feedback from multidisciplinary team members based on daily interactions with the resident

Timetable (To be reviewed with Rotation Supervisor at the beginning of Rotation)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Antenatal/pos tpartum rounds (B4)	Antenatal/pos tpartum rounds (B4)	Antenatal/post partum rounds (B4)	Antenatal/po stpartum rounds (B4)	Antenatal/ postpartu m rounds (B4)
	7h45 team rounds L&D	7h45 team rounds L&D	7h45 team rounds L&D	7h45 team rounds L&D	7h45 team rounds L&D
	8h00-9h00 HRU rounds + journal club	High Risk Clinic	High Risk Clinic	High Risk Clinic	High Risk Clinic
	High Risk Clinic				

PM	High Risk Clinic	High Risk Clinic	Academic Half Day	High Risk Clinic	High Risk Clinic

Overall Objectives

- Residents' must complete at least one block rotation of MFM Civic in their residency training
- Consolidate the previously acquired knowledge of low and high-risk obstetrical management.
- Practice and improve the more challenging technical skills, which will be needed in his/her obstetrical practice. This will include breech deliveries, forceps, delivery of multiple gestation, complicated caesarean sections, etc.
- Acquire the necessary experience to be comfortable managing difficult obstetrical cases by being responsible for the entire L&D unit and directly participating in all important management decisions as well as the necessary medical and surgical treatments.
- Improve his/her ability to be a leader and educator by being responsible for teaching medical students and house staff and directly supervising.
- Improve abilities to be a manager, to appropriately use human resources, priorities and ensure adequate coverage of the labour floor.
- Refine knowledge and understanding of the consequences and treatment of serious maternal medical complications (e.g. diabetes, autoimmune disease, renal cardiac disease), and fetal anomalies and disease (e.g. Rhisoimmunization, TTTS).
- Familiarize himself/herself with the overall organization and running of a L&D unit by being an active member of the Obstetrical Care Committee.

The duration of the rotation is a total of four weeks.

Responsibilities

1. Supervision of students, junior resident and family medicine resident of all antenatal and postpartum patient care.
2. Supervision of low risk cases with direct involvement in all high-risk cases

3. Act as a junior staff at repeat C-sections and complicated/interesting cases (could do surgery with junior resident with staff's permission).
4. Attend all breech deliveries, multiple gestation deliveries, forceps, classical C-sections, suspected percreta, accreta, cesarean hysterectomies and delivery of patients with significant medical conditions (e.g. severe heart disease, coagulation disorders...) and fetal anomalies/ diseases (e.g. hydrocephaly, hydrops, risk shoulder dystocia, etc.)
5. Direct involvement in cervical suture placements and terminations.
6. Organizing a weekly teaching case based session for students and residents in conjunction with the Gyne Chief Resident.
7. Attending and organizing all morning rounds on L&D.
8. Attending and organizing all postpartum rounds with focus on c/section and high risk patients.
9. Present at M&M morbidity rounds monthly (OB case).
10. Be available for all term amniocentesis and external cephalic versions.
11. Review and round on all antenatal patients on and off service.
12. The resident will be available for difficult cases, especially:
 - breech
 - multiple gestation
 - forceps
 - classical c-section/c-section/hysterectomy
 - severe maternal disease, e.g. heart disease, Type I diabetes, etc.
 - significant fetal complications, e.g. hydrops, congenital anomalies.

Evaluation

A committee of Obstetrician-Gynecologists will evaluate the resident and evaluation will focus on:

- performance in the High Risk Unit Clinic
- management of antepartum patient(s)

The rotation supervisor – Dr. George Tawagi – will meet with faculty and staff in the High Risk unit at the Civic Campus to collect feedback and then complete and submit a final evaluation on each resident rotating through the MFM Civic rotation.

Faculty members on the MFM Civic rotation include:

- Dr. Yvonne Cargill
- Dr. Laura Gaudet
- Dr. Mila Smithies
- Dr. George Tawagi

Medical Complications of Pregnancy

Terminal Objective

The terminal objective is that given a pregnant patient with a medical disease, the trainee will be able to describe the effects of pregnancy on a disease, and the effect of the disease on maternal and fetal/neonatal outcome. The trainee will be able to outline a management plan for all common medical disorders of pregnancy, which integrates both medical and obstetrical treatment.

Knowledge

The trainee will have detailed knowledge of the etiology, management and maternal/fetal sequelae of:

- Diabetes Mellitus (Type I, Type II and Gestational)
- Renal Disorders (Acute Renal Failure, Chronic Renal Disease)
- Infectious Diseases
- Hematologic Disorders (Anemias, Platelet Disorder, Coagulation Defects)
- Pulmonary Disease (Asthma, Tuberculosis, Pneumonitis, Cystic Fibrosis)
- Gastrointestinal Disease (Hyperemesis Gravidarum, Reflux Esophagitis, Pancreatitis, Inflammatory Bowel Disease)
- Hepatic Disorders (Cholelithiasis, Cholestasis, Hepatitis, Acute Fatty Liver)
- Neurological Disorders (Epilepsy, Headache, Entrapment Neuropathy, Cerebrovascular Disease, Myasthenia)
- Endocrine Disorders (Pituitary, Thyroid, Adrenal, Parathyroid)
- Collagen Vascular Disorders (SLE, Rheumatoid Arthritis)
- Hypertensive Disorders (Pre-eclampsia, Primary essential, secondary)
- Malignancies in Pregnancy (Hodgkin's Disease, Breast Cancer, Melanoma, Leukaemia)
- Drug abuse in pregnancy
- Drug use in pregnancy and lactation.

Skills

The trainee will be responsible for the medical management of pregnant women seen in the medical problems of pregnancy clinics in the High Risk Clinic at the Civic campus and pregnant women admitted to the High Risk Ward with a medical problem. The trainee is also responsible for presenting challenging cases at the subspecialty rounds.

NOTE: CBD Curriculum Map and EPAs - <https://med.uottawa.ca/obs-gyne/postgraduate-education/residency-training-program/competency-based-medical-education>

Last Revised: September 2020