Obstetrics and Gynecology: Community and Rural Rotation Objectives, Foundations of Discipline and Core of Discipline

CanMEDS Framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Community and Rural Learning Objectives

The junior resident rotation in community Obstetrics and Gynecology (ObGyn) occurs in post graduate year (PGY) two, and PGY three years. It is recognized that the PGY two rotation is to focus primarily on Obstetrics and the PGY three rotation will focus on Gynecology. Upon completion of his/her training, the resident in ObGyn at a PGY two/three level must have a working understanding of the normal function and the pathological processes and diseases that affect the female external genitalia and the pelvic visceras (including the vagina, cervix, uterus, fallopian tubes, and ovaries), the lower urinary tract, and the bowel.

This includes an understanding of embryology and normal female development, and the unique biochemistry, physiology, anatomy, and gross and microscopic pathology of the genitourinary tract.

Management of a patient with either an obstetric or a gynecologic condition will require that the PGY two resident has the ability to:

- Take a history of the patient's problem.
- Conduct a complete physical examination.
- Demonstrate an understanding of the value and significance of laboratory, radiological and other diagnostic studies.
- Discuss the relative merits of various treatment alternatives.
- List and discuss the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non-surgical treatments.
- Discuss the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract.
- Recognize personal limitations of expertise, including the need for appropriate patient referral and continuing medical education.

Two levels of knowledge and proficiency are referred to in this document.

An extensive level refers to an in-depth understanding of an area, from basic science to clinical application, and possession of skills to manage independently a problem in the area.

A working-level indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique.

After training in a community/rural rotation, the resident will have acquired the following competencies and will function effectively as a:

**Medical Expert:**

The PGY two/three resident will acquire a defined body of knowledge and procedural skills which are used to collect and interpret data, make appropriate clinical decisions and carry out diagnostic and therapeutic procedures within the boundaries of their level of training.

1. **Antepartum care**
   1.1 Maternal and fetal physiology
   1.2 Fetal development
   1.3 Antepartum assessment of normal pregnancy
   1.4 The effects of underlying psychosocial conditions on maternal and fetal health, and appropriate management of such
   1.5 Antepartum fetal surveillance in the normal pregnancy

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Rotation Information

**Rotation Contacts**

Grey Nuns Community Hospital  
Dr. Sandra Baydock

Sturgeon Community Hospital  
Dr. Michelle Lacasse

Grande Prairie Regional Hospital  
Dr. Drew Barreth

Red Deer Regional Hospital  
Dr. LaQuincy

Medicine Hat Regional Hospital  
Dr. Duncan McCubbin

**Reading material:**

See resident Google drive.

**Rotation duration:** 2 Blocks

**Vacation and time off:**

See PARA guidelines and resident vacation policy

**Review of rotation objectives:**

Rotation objectives should be reviewed with the resident soon after their rotation begins.

**Assessment:**

Rotation evaluations are conducted by staff physicians

**EPAs**

** Foundations of Discipline EPAs**

During this rotation, the following EPAs should be attempted:

FD1 Routine prenatal care to low risk population

FD5 Uncomplicated cesarean section (includes procedure, consent, documentation, postpartum orders)

FD8 A Family planning, counselling and management

FD9 Gynecologic consult – includes procedures (endobx, vulvar bx, cervical bx, IUD insert, Pap smear)

FD10 Minor gynecologic surgery - simple laparoscopy, hysteroscopy, vulvar lesions, D&C, and global ablation
2. Obstetric Complications
   The pathophysiology, prevention, investigation, diagnosis, and/or management of:
   2.1 Preterm labour
   2.2 Premature rupture of membranes
   2.3 Antepartum hemorrhage
   2.4 Gestational diabetes
   2.5 Gestational hypertension
   2.6 Post-term pregnancy
   2.7 Fetal demise

3. Intrapartum Care
   3.1 Anatomy, physiology, and mechanisms of normal labour
   3.2 Anatomy, physiology, and mechanisms of normal vaginal delivery
   3.3 Indications for, methods and complications of labour induction
   3.4 Assessment of labour progress
   3.5 Indications for, methods and complications of augmentation of labour
   3.6 intrapartum assessment of maternal health
   3.7 Intrapartum assessment of fetal health, including intermittent auscultation, electronic fetal monitoring, basic ultrasound imaging and fetal scalp pH determination

4. Obstetric Delivery
   4.1 Indications for assisted vaginal delivery and Cesarean section
   4.2 Maternal and neonatal benefits and risks of assisted vaginal delivery and Cesarean section
   4.3 risks and benefits of vaginal delivery after a previous Cesarean section

5. Postpartum Care
   5.1 Etiology and management (medical and surgical) of early and delayed postpartum hemorrhage
   5.2 Management of shock
   5.3 Etiology and management of sepsis · benefits of breastfeeding
   5.4 Family planning
   5.5 Recognition of risk factors for depression and support in psychosocial adjustment

6. Human Sexuality
   6.1 Normal sexual function

7. Contraception
   7.1 Methods of contraception, including the various mechanisms of action, and the indications, contraindications, risks, and benefits, and possible complications for use of each method
   7.2 Strategies to promote adherence to contraceptive methods and encourage safe sex behaviours

8. Intimate Partner Violence
   8.1 Identifying features of abused women
   8.2 Acute medical management of rape victims, including postcoital contraception

9. Pregnancy Loss
   The pathophysiology, investigation, diagnosis, and/or management of:
   9.1 Spontaneous abortion in the first trimester
   9.2 Ectopic pregnancy

10. Gynecologic Infections
    The pathophysiology, investigation, diagnosis, and/or management of:
    10.1 Vaginal and vulvar infections
    10.2 Sexually transmitted infections, including acute and chronic pelvic inflammatory disease and the gynecologic aspects of HIV, hepatitis, tuberculosis and syphilis

Core of Discipline EPAs

C2 Managing patients with acute conditions presenting in the antenatal and perinatal period
C3 Managing complex vaginal deliveries
C4 Performing complex cesarean sections
C5 Diagnosing and managing postpartum complications
C7 Providing definitive management for patients with acute gynecologic emergencies
C8 Providing care for patients with complex gynecologic conditions and/or medical comorbidities
C14A Performing advanced hysteroscopy
C15A Performing major vaginal and vulvar procedures
C16A Performing major laparoscopic gynecologic procedures
C17A Performing major open abdominal gynecologic procedures
C18 Managing patients with surgical complications
11. Other Non-Malignant Gynecologic Conditions
   The pathophysiology, investigation, diagnosis, and management of:
   4.1 Benign pelvic masses, including rupture and torsion
   4.2 Acute and chronic pelvic pain
   4.3 Endometriosis
   4.4 Surgical wound hematoma and infection (including abscess)

A working level of knowledge is required for the following:

1. Antepartum care
   1.1 Genetic screening, testing, and counseling
   1.2 Effects of underlying medical and surgical conditions on fetal and maternal health and management of the same
   1.3 Antepartum surveillance in high-risk pregnancies

2. Obstetrical complications the pathophysiology, prevention, investigation, diagnosis, prognosis, and/or management of:
   2.1 Insulin dependent diabetes; antepartum management
   2.2 multiple gestation: twins, monochorionic and dichorionic, triplets & higher-order multiple gestations
   2.3 fetal growth restriction

3. Intrapartum care
   3.1 Management of shoulder dystocia
   3.2 Management of cord prolapse
   3.3 Management of anesthesia in labour
   3.4 Apgar scoring
   3.5 Intrapartum infection

4. Obstetrical delivery
   4.1 Indications and management of a non-vertex presentation -management of the entrapped head at cesarean section

5. Postpartum care
   5.1 Venous thrombolic event, diagnosis, and management of postpartum wound complications, i.e. wound dehiscence

6. Pregnancy Loss and Termination
   The pathophysiology, investigation, diagnosis and/or management (including counseling and/or referral for grief support) of
   6.1 Intrauterine fetal demise in the second-trimester

7. Preoperative and Postoperative Care
   7.1 Perioperative risk factors and their assessment
   7.2 The principles and appropriate use of nutritional support
   7.3 The principles of wound healing
   7.4 The principles and appropriate use of narcotics and NSAIDs for postoperative pain control
   7.5 The management of postoperative medical and surgical complications, including indications for consultation with other specialties

8. Non-Gynecologic Conditions
   The pathophysiology, investigation, diagnosis, and/or management of:
   8.1 colorectal disease, including diverticular disease, colon, and rectal cancer, inflammatory bowel disease, and appendicitis
   8.2 breast conditions, including benign breast disease
Technical Skills

Diagnostic Procedures and Techniques The PGY two/three resident will demonstrate an understanding of the indications, risks, and benefits, limitations and role of the following investigative techniques specific to the practice of obstetrics and gynecology, and will be competent in their interpretation.

1. Serology and Microbiology
   1.1 Maternal serum screening for aneuploidy and neural tube defects
   1.2 Screening for Group B Streptococcus in pregnancy
   1.3 Culture and serology for sexually transmitted diseases
   1.4 Wet mount of vaginal discharge
   1.5 Urinalysis, urine microscopy, and urine culture
   1.6 Serial hCG assays in the diagnosis of failing or ectopic pregnancy

2. Imaging
   2.1 Obstetric ultrasound: screening and targeted (in each trimester) and biophysical profile and Doppler flow studies
   2.2 Transabdominal ultrasound for gynecologic disease
   2.3 Transvaginal ultrasound for gynecologic disease
   2.4 Hysterosalpingography or sonohysterography
   2.5 Doppler studies and angiography for thromboembolic disease

3. Cytology and Histopathology
   3.1 Cervical cytology
   3.2 Vulvar and vaginal biopsy
   3.3 Cervical polypectomy
   3.4 Endocervical curettage
   3.5 Endometrial biopsy
   3.6 The resident will also be able to identify the gross and microscopic characteristics of vulvar dermatoses, genital tract neoplasias (benign, premalignant, and malignant), and trophoblastic and placental disease.

4. Other Investigations
   4.1 Fetal assessment: non-stress test, contraction stress test

Therapeutic Technologies

The PGY two/three resident will have a working knowledge of physics and technological application of the following therapeutic modalities, including the risks, benefits, and complications of these approaches.

1. Electrocautery
2. Endometrial ablation (thermal and microwave)

Surgical Skills

After the rotation, The PGY two/three resident in a community general ObGyn rotation must have a working knowledge of the following procedures in List A, and continue to develop technical competence to independently perform the procedures in List A after the PGY two year. He/she should be able to manage a patient before, during and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits, and complications of these surgical treatments, as well as any available non-surgical treatment alternatives and the consequences of the absence of surgical treatment.

Following the completion of the PGY three year, the resident must be able to independently perform the following procedures:

Surgical Procedures List A

1. Obstetric Procedures
   1.1 Spontaneous vaginal delivery
   1.2 Episiotomy and repair
   1.3 Artificial rupture of membranes
   1.4 Application of scalp electrode
   1.5 Insertion of IUPC
2. Open Gynecologic Procedures
   2.1 Pfannenstiel incision
   2.2 Vertical midline incision

3. Vaginal Gynecologic Procedures
   3.1 Drainage and marsupialization of Bartholin's gland abscess

4. Endoscopic Procedures
   4.1 Diagnostic laparoscopy (including assessment of tubal patency)
   4.2 Laparoscopic sterilization
   4.3 Laparoscopic salpingo-oophorectomy, or cystectomy

5. Other Gynecologic Procedures
   5.1 Dilation and curettage, diagnostic, incomplete abortion, therapeutic abortion, and dysfunctional uterine bleeding
   5.2 Insertion and removal of an intrauterine device

Surgical Procedures List B

The PGY two/three resident will understand and be able to perform with supervision the following procedures and discuss with the patient the risks benefits and complications of these interventions as well as any available non-surgical treatment alternatives and the consequences of the absences of the procedure:

1. Obstetric Procedures
   1.1 Repair of perineal and vaginal tears including 3rd & 4th-degree tears and cervical lacerations
   1.2 Low forceps delivery
   1.3 Vacuum extraction
   1.4 Low transverse cesarean section, primary and repeat
   1.5 Abdominal delivery of multiple gestations
   1.6 Manual removal of placenta
   1.7 Management of shoulder dystocia, cord prolapse, and antepartum hemorrhage
   1.8 Vaginal breech extraction

2. Gynecologic Procedures
   2.1 Total abdominal hysterectomy
   2.2 Salpingo-oophorectomy
   2.3 Oophorectomy
   2.4 Ovarian cystectomy

3. Vaginal Gynecologic Procedures
   3.1 Vaginal hysterectomy

4. Endoscopic Procedures
   4.1 Salpingectomy and linear salpingotomy for management of ectopic pregnancy
   4.2 Laparoscopic lysis of adhesions
   4.3 Laparoscopic total hysterectomy
   4.4 Cautery of endometriosis
   4.5 Global endometrial ablation

**Communicator**

The PGY two/three resident must be able to:

1. Facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
2. Establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality.
3. Obtain and synthesize relevant history from patients, families, and/or community.
4. Discuss appropriate information with the patient, her family, and other health care providers that facilitate optimal health care. This also implies the ability to maintain clear, accurate, timely and appropriate records.
Communicator Continued:

To achieve these objectives the resident in a community/rural setting must demonstrate:

5. The ability to obtain informed consent for medical and surgical therapies.
6. The ability to record accurately and succinctly data collected from patients, laboratory tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel.
7. Evidence of good interpersonal skills when working with patients, families, and other members of the health care team.
8. The ability to maintain good communication skills and collegiality with nursing, family doctors, a limited number of other specialists and other technologists all practicing in a small community hospital setting.
9. An awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynecologic problems in a rural setting including the importance of confidentiality when hospital staff are neighbours and friends.
10. The ability to prepare and present information to colleagues and other trainees and other members of the health care team, both informally (e.g., ward rounds) and formally (e.g., Grand Rounds).

Collaborator

PGY two/three residents must learn to effectively and respectfully work with senior residents, consultant Obstetricians, family doctors, and specialists in other fields; anesthesia and diagnostic imaging.

The PGY two/three resident must be able to:

1. Consult effectively with other physicians and health care providers.
2. Contribute effectively to a multidisciplinary health care team.

To achieve these objectives the resident in a community/rural setting must be able to:

3. Function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties.
4. Demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration, and acceptance of other team members and their opinions while contributing personal specialty-specific expertise.
5. Identify and understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration.

Leader

The PGY two/three resident must acquire the ability to prioritize and effectively execute tasks through teamwork with colleagues and make appropriate decisions when allocating resources.

The PGY two/three should be able to:

1. Able to recognize personal limitations and seek assistance when necessary.
2. Manage resources effectively to balance patient care, learning needs and outside activities.
3. Allocate finite health care resources wisely.
4. Understand the differences and challenges of managing a patient in a community or rural setting where resources and patient populations differ from that in a tertiary centre.
5. Work effectively and efficiently in a health care organization.
6. Utilize information technology to optimize patient care, life-long learning and practice administration.

To achieve these objectives the resident in a community / rural setting should:

7. Effectively triage the labour and delivery unit including minimizing patient wait time.
8. Triage emergency problems.
9. Participate in morbidity and mortality reviews.
**Health Advocate**

As health advocates, PGY two/three must acquire the ability to responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

The PGY two/three will:

1. Identify the important determinants of health affecting patients · contribute effectively to improved health of patients and communities.
2. Recognize and respond to those issues where advocacy is appropriate.

To achieve these objectives the resident in the community / rural setting should be able to:

3. Identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly.
4. Make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources.
5. Recognize which patients can be appropriately managed in the community or rural setting and which need to be transferred to a larger centre.
6. Make clinical management decisions with limited resources or investigations.
7. Facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible.
8. Advise patients about the local and regional resources available for support, education, and rehabilitation.

**Scholar**

As scholars, gynecologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

The PGY two/three must:

2. Facilitate patient and peer education.
3. Try to contribute to the development of new knowledge in the field of obstetrics and gynecology.

To achieve these general objectives the resident in a community / rural setting must:

4. Identify gaps in personal knowledge and skill and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience.
5. Understand the principles of basic and applied clinical research, including biostatistics.
6. Critically appraise and summarize the literature on a given subject, and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable.

**Professional**

As professionals, gynecologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

The PGY two/three must:

1. Endeavor to monitor learning by regularly attempting EPAs.
2. Exhibit appropriate personal and interpersonal professional behaviours.
3. Practice medicine in a way that is consistent with the ethical obligations of a physician.
4. Demonstrate a commitment to their patients, profession, and society through ethical practice.
To achieve these general objectives the resident in a community / rural setting must:

5. Foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team.
6. Provide ethical medical care and seek advice or second opinion appropriately in ethically difficult situations.
7. Monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure.
8. Maintain patient confidentiality at all times.
9. Complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible.
10. Understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute.
11. Be able to deal with professional intimidation and harassment.
12. Show self-discipline, responsibility, and punctuality in attending to ward duties, in the operating room, and at meetings and other activities.
13. Be a moral and ethical role model for others.
14. Be able to appropriately delegate clinical and administrative responsibilities where possible.
15. Can balance professional and personal life.

**CanMEDS Framework:** Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional.

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<th>Revisions</th>
<th>Approved at RPC Meeting</th>
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<td>CaMEDS roles updated</td>
<td>December 16, 2019</td>
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