

EDUCATIONAL OBJECTIVES FOR TRAINING OBSTETRICS FOR FAMILY MEDICINE RESIDENTS

Introduction:

The Educational Objectives for Obstetrics outlined below focus on the educational experience in Obstetrics obtained throughout the residency training program. 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. Therefore, the goal here is to teach the recognition of the emergency situation, the concepts of patient evaluation, investigation and management, and the methods whereby further investigation and management strategies can be acquired. Each resident will have individual goals and objectives based on individual needs and interests, as well as on areas of need from past training. Trainees in the Department of Family Medicine, while on their in-hospital Obstetrics rotations, are encouraged to discuss their goals and objectives with any of the Consultants with whom the work, or any of the Obstetric Residents.

Structure and Learning Environment:

Family Medicine residents develop knowledge, skills and attitudes in diagnosing and managing common Obstetrical presentations in a variety of settings: the Antenatal and Post-partum Wards, in Labour and Delivery Suites, in Consultant Physicians' offices, in Out-Patient Clinics, and in the Family Medicine setting.

There is a one-month rotation in Obstetrics during first year and one or two months during the second year of the Family Medicine Residency Program. There are options to do additional Obstetrics rotations as selectives/electives. Obstetrical rotations may be in London, St. Thomas or Kitchener. Obstetricians, Family Physicians, Obstetrical Residents, and labour and delivery Nursing Staff are educational resources towards achieving the Department's Educational Objectives in Obstetrics.

Objectives for Obstetrics are considered un the Four Principles of Family Medicine:

I. The Family Physician as a Skilled Clinician

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

- 1.1** Diagnosis of pregnancy, physical examination of the pregnant female and the risk factors which determine the Obstetrical risk of the patient on initial presentation.
- 1.2** The major parameters which must be assessed at each antepartum visit.
- 1.3** Optimal weight gain and appropriate uterine growth curve.
- 1.4** The judicious prescription of medication during pregnancy and awareness of the potential drug effects on the mother and fetus.
- 1.5** Preconceptual counseling requirements.
- 1.6** Antenatal testing including options, indications, and interpretation.

- 1.7 The signs and symptoms of preeclampsia and eclampsia of pregnancy.
- 1.8 Causes and management of bleeding in all trimesters.
- 1.9 Causes and management of abdominal pain during pregnancy.
- 1.10 Proper triaging of Obstetrical patients in labour or with antenatal issues.
- 1.11 The Obstetrical indications for induction of labour.
- 1.12 The normal progress of labour.
- 1.13 The signs and symptoms of maternal psychological and physical distress.
- 1.14 The signs and of fetal distress.
- 1.15 Indications for and operative delivery (including C-section, forceps delivery and vacuum extractions).
- 1.16 Post partum orders that provide for the needs of the patient in-hospital.
- 1.17 Recognition of the need for neonatal screening for metabolic abnormalities (IE: PKU, thyroid)

2. The Family Medicine Resident will become competent at performing each of the following:

- 2.1 Assessment for possible rupture of membranes.
- 2.2 Amniotomy.
- 2.3 Vaginal exam for assessment of presentation, position, and degree of dilation of the cervix.
- 2.4 Prenatal assessment using non-stress and intrapartum assessment of fetal heart rate tracings.
- 2.5 Management of spontaneous delivery.
- 2.6 Exploration of the uterus and systematic inspection for lacerations of the cervix, vagina and perineum.
- 2.7 Performance of episiotomy, when indicated.
- 2.8 Assessment of degree of perineal tearing.
- 2.9 Repair of first degree perineal tears.
- 2.10 Management of postpartum hemorrhage.
- 2.11 Assistance at caesarean section deliveries.

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 Insertion of intrauterine pressure catheters.
- 3.4 Fetal monitoring including scalp clip applications.
- 3.5 Fetal scalp blood gases.
- 3.6 Repair of third degree perineal tears.
- 3.7 Repair of midline and medio-lateral episiotomies and repair of second degree tears.

II. The Patient-Doctor Relationship is Central to the Role of the Family Physician

4. The Family Medicine Resident will demonstrate qualities and attitudes basic to understanding the relationship between the Patient and Family Physician:

1. Provide emotional support to the pregnant woman and her family in the antenatal, intrapartum, and postpartum periods.
2. Listen to and incorporate, wherever possible, the patients desires the requests for management during in- hospital period.

III. Family Medicine is Community-Based