G2 Family Medicine Obstetrics Maternity and Gynecologic Care

ROTATION GOALS & OBJECTIVES

ROTATION SPECIFIC COMPETENCY OBJECTIVES

Patient Care

Objectives:

By the end of the rotation, the G2 resident will:

- Diagnose and manage normal and abnormal labor including diagnosis, augmentation and arrest
- Evaluate and triage prenatal patients at L&D
- Manage common ante partum conditions
- Demonstrate ability to diagnose and manage fetal distress
- Perform procedures, essential to obstetrics including but not limited to vacuum extraction, amniotomy, FSE placement, IUPC placement, perineal repair, management of post-partum hemorrhage, newborn circumcision, interpretation of fetal monitoring, management of shoulder dystocia, induction and augmentation of labor
- Demonstrate the ability to determine when patients' medical conditions mandate obstetrical consultation
- Demonstrate consistent ability using a systematic approach to clinical problem solving and determining therapeutic options
- Understand and offer options for pain management in labor
- Understand the psychosocial factors affecting illness
- Identify the emotional and behavioral factors that impact the patient illness
- Recognize and correct common problems arising in breastfeeding in the postpartum period

Medical Knowledge

Objectives:

By the end of the rotation, the G2 resident will:

- Understand the pathophysiology of, preterm labor, vaginal bleeding, hypertensive disorders of pregnancy, infections in pregnancy and liver diseases in pregnancy
- Select clinical guidelines and evidence-based medicine concerning patient problems
- Learn the appropriate use of medications during pregnancy and breastfeeding
- Demonstrate ability to identify and prevent drug interactions
- Demonstrate consistent ability to obtain information about the use of various medications during pregnancy

Labor		
TOPIC	PRIMARY RESOURCES	SECONDARY RESOURCES
Labor Induction	Current Trends in Cervical Ripening and Labor Induction. AFP August 1999. http://www.aafp.org/afp/990800ap/477.html	Pettker et al. Transcervical Foley Catheter With and Without Pitocin for Cervical Ripening. Obstetrics and Gynecology 2008; 111(6): 1320-6. <u>Transcervical foley</u> <u>catheter with and without oxytocin</u>
Fetal Monitoring	Interpretation of the Fetal Heart Rate During Labor. AFP May 1999. <u>http://www.aafp.org/afp/990501ap/2487.html</u>	ALSO update and examples: http://www.aafp.org/online/etc/medialib/a afp_org/documents/cme/courses/clin/also/ fetalsurveillance.Par.0001.File.tmp/FetalS urveillance20070830final.pdf http://www.aafp.org/online/etc/medialib/a afp_org/documents/cme/courses/clin/also/ fetaltracings.Par.0001.File.tmp/FetalTraci ngs20070906final.pdf

Pain Relief During Labor	The Nature and Management of Labor Pain: Part I. Non-pharmacologic Pain Relief. AFP September 2003 <u>http://www.aafp.org/afp/20030915/1109.html</u> The Nature and Management of Labor Pain: Part II. Pharmacologic Pain Relief. AFP September 2003. <u>http://www.aafp.org/afp/20030915/1115.html</u>	ACOG Obstetric Analgesia and Anesthesia
Labor Dystocia	Dystocia in Nulliparous Women. AFP June 2007. http://www.aafp.org/afp/20070601/1671.html	ACOG Dystocia and Augmentation of Labor
Group B Strep	CDC Guidelines: http://www.cdc.gov/groupbstrep/hospitals/hospit als_guidelines.htm	
Postdates	Management of Pregnancy Beyond 40 Weeks Gestation. AFP May 2005 <u>http://www.aafp.org/afp/20050515/1935.html</u>	ACOG Postterm Pregnancy
Complications of labor and delivery		
VBAC	AAFP policy http://www.aafp.org/online/en/home/clinical/clin icalrecs/tolac.html	ACOG VBAC ACOG Induction of Labor for VBAC
Pre-Eclampsia/Hypertension	Diagnosis and Management of Preeclampsia. AFP December 2004 <u>http://www.aafp.org/afp/20041215/2317.ht</u> <u>ml</u> Hypertensive Disorders of Pregnancy. AFP June 2008 (you will need AAFP ID to log in). <u>http://www.aafp.org/afp/20080701/93.html</u>	ACOG Preeclampsia and Eclampsia
Shoulder Dystocia/Macrosomia	Shoulder Dystocia. AFP April 2004. http://www.aafp.org/afp/20040401/1707.html (includes ALSO info	ACOG Shoulder Dystocia What is the Best Management of Fetal Macrosomia? AFP February 2003 <u>http://www.aafp.org/afp/20030215/tips/28</u> . <u>html</u> Management of Suspected Fetal Macrosomia. AFP January 2001 <u>http://www.aafp.org/afp/20010115/302.ht</u> ml
Postpartum		• <u> </u>
Postpartum Hemorrhage (includes active management of the third stage of labor	Prevention and Management of Postpartum Hemorrhage. AFP March 2007. http://www.aafp.org/afp/20070315/875.html	ALSO chapter http://www.aafp.org/online/etc/medialib/a afp_org/documents/cme/courses/clin/also/ postpartumhemorrhage.Par.0001.File.tmp/ chapter-j.pdf
Postpartum Care (Including Contraception	Postpartum Counseling: A Quick Reference Guide for Clinicians. Association for Reproductive Health Professionals <u>http://www.arhp.org/files/QRGpostpartumcouns</u> <u>eling.pdf#xml=http://arhp.org.master.com/texis/</u> <u>master/search/mysite.txt?q=postpartumℴ=r</u> <u>&id=f090a051c8f58066&cmd=xml</u>	
Breastfeeding	Initial Management of Breastfeeding. AFP September 2001. http://www.aafp.org/afp/20010915/981.html Strategies for Breastfeeding Success. AFP July 2008 (you will need AAFP ID to log in). http://www.aafp.org/afp/20080715/225.html	ACOG Breastfeeding

Procedures		
Торіс	Primary resource	
Amniotomy		
Vaginal delivery	http://www.primarycareprocedures.com/vaginal	
	delivery	
Episiotomy / Laceration repair		
OB ultrasound	http://www.primarycareprocedures.com/OB	
	ultrasound	
Circumcision		

Practice-Based Learning and Improvement

Objectives:

By the end of the rotation the G2 resident will:

- Demonstrate consistent ability to seek appropriate feedback from supervisors
- Accept and incorporate constructive feedback
- Explain obstetrical topics to students and junior residents
- Apply knowledge while educating patients on obstetrical topics
- Evaluate limitations of knowledge and create a plan to erase these deficiencies
- Recognize conditions that require consultation and refer
- Seek appropriate feedback from supervisors and interdisciplinary team members

Systems-Based Practice

Objectives:

By the end of the rotation, the G2 resident will:

- Describe how to evaluate and order cost-effective tests and labs
- Prescribe multiple medications safely
- Explain how to encourage and facilitate timely discharge planning
- Give examples of appropriate arrangements for discharge
- Demonstrate consistent understanding of the role of each member of the health care team, including residents, faculty, nurses, doulas and works well with all to ensure excellent patient care emerging skills at effective patient advocacy

Professionalism

Objectives:

By the end of the rotation, the G2 resident will:

- Consistently arrive on time
- Use respectful language and attitudes toward patients, colleagues, faculty and staff
- Recognize cultural differences and their impact on patient care
- Address the patient's perception of pregnancy with sensitivity
- Formulate a plan of care incorporating the patient's preferences into a plan of care
- Demonstrate protection of a patient's privacy

Interpersonal and Communication Skills

Objectives:

By the end of the rotation, the G2 resident will:

- Demonstrate the ability to communicate effectively with patients and family regarding diagnosis, treatment options, prognosis and follow-up care
- Facilitate and plan for the effective use of interpreters
- Apply techniques of effective communication when interacting with consultants, team members and members of the allied health team
- Demonstrates promptness and thoroughness in completing medical records

Supervision

• Residents are supervised by Family Medicine faculty in compliance with departmental policy

Educational resources

- Reference library material
- Web-based resources
- ACOG Compendium
- William's Obstetrics

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