

**Mother and Child Health Program
Family Medicine Enhanced Skills (Third Year)
Curriculum and Objectives**

Name of Institution: Department of Family Medicine McGill University

Location: Accredited teaching sites of the Department of Family Medicine McGill University

Type of residency program: Clinical

For information regarding the program

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Introduction

One of the challenges that face maternity care providers is the balance between providing maternity care and providing family medicine care. As well, this must be accomplished in the context of balancing their personal life.

General Program Objectives:

The Residency program is designed for family physicians who wish to develop enhanced skills within the complete spectrum of mother and infant health while maintaining and consolidating the competences in obstetrics and general family medicine pediatrics they acquired during their residency.

To do so, the residents are required to do activities that cover the Core Competencies. They may also choose 2 profiles of interest to define the enhanced skills they aim to acquire.

The profiles:

- 1) Teaching
- 2) Physiological birth
- 3) Vulnerable clientele
- 4) Breastfeeding
- 5) Pediatric care
- 6) Women's Health
- 7) Research
- 8) Rural

At end of the residency program most residents are competent to act as consultants to other family physicians for mother and child health issues, including, prenatal, breastfeeding, newborn, pediatric and women's health concerns.

Specific Program Objectives

Core competencies:

An emphasis is placed to develop competencies within accepted CanMeds roles.

The following are common to all Profiles

- Maintain and consolidate competences in high volume mother and child care.
- Maintain the competency of a polyvalent general family medicine practice.
- Maintain and deepen competency in normal neonatal period and the first 5 years of life.
- Be able to evaluate and counsel on breastfeeding, and perform anterior frenotomy.
- Maintain and consolidate a deepen obstetrical knowledge and skills. These include physiological birth, instrumental deliveries, perineal repairs, management of high risk obstetrical situations, and bedside ultrasound to confirm first trimester pregnancy and basic third trimester indices. (scholar)
- Collaborate and communicate effectively and appropriately with patients, colleagues, consultants, nursing, allied health professionals, lactation consultants, and trainees (communicator and collaborator).
- Learner should learn to balance a patient centered maternity care with the demand of a general family office practice, participate in a call group, and balance family, leisure activities, and work activities (manager)
- Advocate for family medicine obstetrical care and various models of such care (may include continuous longitudinal care, shared care, or team based models such as Maison Bleue, SIFFE programs, etc.) (advocate).
- Reflect on his/her practice and that of family medicine colleagues using various tools including self-reflection, chart audits, or discussion.
- Understand the rudiments of research in family medicine obstetrics and either develop or participate in a scholarly activity.
- Learner should show commitment to the patient as well as family medicine maternity care and understand the principles of ethics that play a role in current maternity care (professional)
- Reflect upon and actualize an individualized learning plan

Profiles

1) Teaching

This profile is designed to prepare family physician to take on a teaching role. This profile may be for a physician desiring to work in a teaching centre or to integrate teaching in his practice. The resident will also focus on improving their knowledge of comprehensive family-centered mother and infant care and their ability to teach this in a family medicine framework. Opportunity to improve research and critical appraisal skills, to be comfortable with the evaluation of current practices and the assessment of new ones, would be an important aspect of the program.

The emphasis is on various teaching methods including formal teaching, small group teaching, hands on workshops, clinical supervision, chart reviews and trainee evaluations. At the end, he or she should be able to perform as an excellent and innovative teacher within the team he is joining.

Formal teaching (Teaching the resident to teach) is given through 2 half day sessions. The resident may participate in clinical teaching of residents and medical students through clinical supervision (direct viewing, case discussion, giving feedback, evaluation, and video reviews), chart reviews, bedside teaching, small group teaching, and participation as teachers at resident academic half days and courses/workshops (NRP ALARM) Skills that facilitate the education of patients, families, trainees, and other health professional colleagues as appropriate will be developed

2) Physiological birth

This profile provides a unique opportunity for residents who would like to explore the art and science behind physiological labor and birth. Rigorous literature review to explore the evidences behind the practices that support physiological birth is encouraged. Clinical exposure to alternative models of care are organized with midwives and/or family physicians who provide care with an emphasis on physiological birth ([Please see Annexe I Orientation document for residents rotating in Birthing Homes during their Mother and Child Health Rotation](#)). The graduating resident is expected to be able to adopt and advocate for optimal practices that support physiological labor and birth.

Specific objectives may include the following: Placing current birth practices in the hospital environment in the context of historical, institutional and professional developments. Knowing how to promote and preserve the advantages physiologic birth when medical interventions are required. Developing consensus on patient centered plans of care, which may include the use of birth plans and their modifications during the course of labor.

Learner should participate in a collaborative model with patient, her partners and other team members such as nurses, midwives, doulas, family medicine colleagues and consultant obstetricians.

Understand importance of physiologic birth on the initiation of breastfeeding.

Understand the principles of ethics that play a role in current maternity care, this may include consent and beneficence

3) Vulnerable clientele

This profile is designed to prepare a resident who wishes to work with more vulnerable clientele, locally or remotely. Different initiatives have tried to offer clinical care to populations challenged with issues such as isolation, poverty, drug use, violence or mental illness. Training within clinics geared toward this population would be provided. International health work can be explored by residents but will not be organized by the program.

Specific objectives will include exposure to models of care and the development of competencies that promote the health and empowerment of vulnerable clientele. Clinical rotations that may include La Maison Bleue, Portage, SIFFE program, and others are organized. Formal teaching concerning intimate partner violence and female genital mutilation are given. Skills to screen for post-partum depression, post-traumatic stress syndrome, family violence, neglect, and issues related to immigration and multiculturalism are explored. The resident will learn to work in an interdisciplinary model.

Resident graduating this major should be able to understand much thoroughly the reality of these clienteles and intervene more efficiently. They would take a leadership role with initiatives in that regard.

4) Breastfeeding

This major aims to develop an expertise in breastfeeding science and art. Residents are strongly encouraged to take simultaneously their lactation consultant training and examination. An increased amount of time will be spent in breastfeeding clinics, in different sites. Trainees may also explore the different steps required to build a breastfeeding clinic in their community. At the end of his training, the resident should be an expert in breastfeeding and be a consultant in level 2 or 3 breastfeeding clinics.

Specific Objectives may include learning to perform posterior frenotomy and manage complex breastfeeding issues (lactation of Down syndrome infant, cleft palate, nipple trauma refractory to initial treatment, etc.) Promoting early initiation of breast feeding where medical interventions are required (e.g. caesarean section and NICU admission)

5) Pediatric care:

This profile prepares the resident for enhanced skills in pediatric care. It will in large part be guided by the resident's future career plans. Trainees may rotate through high volume pediatric clinics in the community, NICU, post NICU clinics, or pediatric ER.

Specific objectives may include training in emergency skills (PALS course), being able to handle level 2 Intermediate care nursery autonomously (late preterm babies, CPAP, feeding, etc.), and skills such as circumcision.

At the end of this training, the resident should be able to have a superior level of competence with more specialized pediatric care.

6) Women's health

This major prepares the resident for expertise in women's health. Exposure in gynecology clinic, women's health center, infertility, contraception clinic, menopause clinic, abortion clinic and breast clinic may be offered.

Specific Objectives may include consolidating expertise in more specialized care such as menopause, infertility, challenging contraception and acquiring enhanced skills in Women's health such as colposcopy and therapeutic abortion.

7) Research

If a resident wants to pursue a research career, he/she may choose this profile. Extra-training in research and biostatistics may be offered. Research support would be provided to build a research protocol, carry the study and publish the results.

After this training, the resident should be in the process of publishing a new article in the field of mother and child health or family medicine.

8) Obstetrical care in rural practice

This profile is for family physicians that are planning a career in a rural setting. The emphasis is on strong autonomy with technical skills and high risk situations.

The teaching environment is in part or totally in rural settings.

Specific objectives may include exposure to smaller secondary care centres with a majority of deliveries done by Family physicians or alternative collaborative care models, learning about the modalities of transfer to tertiary care centres, and an opportunity to get additional surgical training for caesarean section (primary surgeon) and D&C.

Program Description

Duration

The residency program is six months in duration. It can be extended to 12 months in special situations (residents combining all profiles including with research profile).

Clinical experiences:

Resident will rotate through hospitals, family medicine center, pediatric and breastfeeding clinic.

The program is designed with a combination of formal rotations in obstetrics and pediatrics with Mother and Child Health longitudinal rotations.

1) Mother and Child Health longitudinal Rotation:

Residents need to do one mandatory Mother and Child Health Rotation per 3 months of training.

For the first Mother and Child Health Rotation, residents spend 2 days in “Core half days” plus 1 family medicine obstetric call per week:

½ day in Family Medicine

½ day in Pediatrics

½ day in Breastfeeding clinic

½ day in Perinatal clinic

Ideally, these clinics would be done at the same site, the resident’s Base site. If they have a practice somewhere and/or will join a site after their residency program, included in the teaching sites for the residency program, residents are encouraged to continue their Family Medicine Clinic at that site. At the same time, we encourage training elsewhere during the following months of training or for elective half-days to broaden the horizon.

Also, residents have 1 day devoted to academic activities:

½ day in teaching

½ day in research-scholarly activity

The remaining 4 half days per week should be devoted to the chosen profile.

The remaining months of Mother and Child Health can be tailored to the profiles but should contain 2 out of 4 Core half days.

Four half days spent in community clinics, at some point in the training, and in any given field, are mandatory, to allow exposure to community medicine.

There is a possibility for residents to integrate family medicine activities during their residency program that they plan to pursue in their future careers, such as emergency care, nursing home or hospitalization in order to maintain the polyvalence of practice and the integration of obstetrical care in a varied practice

2) Obstetrics rotations

Residents need to do one mandatory Obstetrics rotation in their first or second rotation. They can do up to 2 obstetrics rotations, one with Family Medicine Accoucheurs and the other with consultant Obstetricians. We encourage residents to choose a different site than the one they trained at during residency.

1) Obstetric rotations: During the Obstetric rotation with consultant obstetricians, the resident will integrate the team of residents for that rotation and be on the same call schedule. The resident is expected to take a leadership role in collaboration with the senior obstetric resident. He should ensure that all family medicine patients are being seen as well as getting himself expose to high risk cases. Evening/night coverage is encouraged to obtain the maximum exposure possible.

2) Family medicine longitudinal rotation:

The resident is the first physician on call to all deliveries of family medicine patients. He is added to the family physician staff call schedule, (doubled) for one to two 16h call per week, including one week-end day (maximum of 6 calls/m). If the patient's primary physician is a family practice resident, the resident supervises them in their delivery. In return, a family medicine staff physician for all deliveries of family medicine patients supervises the resident.

Sites include but are not limited to outpatient and inpatient teaching sites accredited by McGill Department of Family Medicine: SMBD Jewish General Hospital, St. Mary's Hospital, La Salle Hospital, Anna Laberge, Lakeshore General Hospital as well as hospitals with maternity care service within the McGill RUIS (Val D'or, Gatineau, Ville Marie, Cowansville, etc.)

3. Neonatal rotation

Residents will rotate through the NICU and normal newborn nursery. Skills such as neonatal resuscitation, newborn examination, initiation of breastfeeding/ supplemental nutrition and the appropriate management and referral of perinatal issues be addressed.

Formal teaching

- 1) Formal teaching: (weekly or twice monthly)
 - a. Family medicine staff teaching
 - b. Peer-teaching
- 2) Tutorials with various members of the staff on particular items of interest
- 3) Core selection of relevant articles from the family medicine and obstetrical literature will be provided
- 4) Provider training in Neonatal Resuscitation Program (NRP) and in ALARM (Advances in Labour and Risk Management). NRP / ALARM instructor course certification is encouraged.

Research – Scholarly activity

As mentioned above, residents must complete a scholarly activity during their residency program. The project can be a literature review, the development of a protocol or tool, a research project, a teaching session, etc.

The nature and subject of this project will be discussed with the program director at the beginning of the residency program.

Evaluation process**Faculty Advisor and Mentor**

Each resident will be paired with a staff faculty advisor and mentor. Their role will be to meet on a monthly basis, provide an opportunity for reflection, develop learning goals and provide feedback, guidance and evaluations.

Annexe I Orientation document for residents rotating in Birthing Homes during their Mother and Child Health Rotation

Context:

Maisons de Naissance (Birthing Homes) are designated birth places where low risk women can deliver under the care of a midwife. In Quebec, midwives have full autonomy in practicing deliveries of low risk pregnancy. They typically will offer 3 places for the delivery: home, birthing home or hospital.

They work with all the necessary medication to insure safe deliveries but they do not offer epidural or oxytocin for augmentation of labour. Therefore, it is a unique opportunity to observe natural deliveries. They have an intra-partum transfer rate of approximately 18%, mostly non-urgent transfers.

Birthing home are a place where not only deliveries happen but also prenatal follow up, prenatal classes or discussion group, post-natal and baby follow up.

Language: the rotation will be in French.

Length: 2 weeks to 1 month. Ideally, a 1 month horizontalised rotation with 1 month call coverage and pertinent clinics mixed with continuity of care clinics, research half-days and teaching. It can also be integrated in Mother and Child Health Horizontalised rotations for trainees who have a shorter training.

Objectives:

This is an observation rotation.

The resident should be able to observe:

Normal and natural deliveries at home and in the Birthing Home

Prenatal classes

Post-partum home visit

Meetings

Hospital transfers

They should learn core midwifery concepts such as « keeping the space », the art of being around women in natural delivery.

Please note that you should not do clinical acts or give clinical interpretation as a doctor in the Birthing home or homes at any given time even for benign conditions (e.g. a mild cough). This is an observation rotation.

Exceptions to that rules would be basic acts for which you have **an available medical supervisor that you can reach over the phone to review** at that moment (e.g.: CSST form that needs to be signed or treatment of a positive urine culture).

You can, if you wish, become the family physician of the babies or women that you meet if your practice allows.

Schedule: Same as the Birthing Home. In horizontalised context, approximately 50% of the rotation should be in clinic at the birthing home and the other 50% in continuity of care clinic, calls, research time.

Calls: You should be on call 24h/7 with a designated midwife. The objective is for you to observe as many deliveries as possible.

Scholarly activities: You are expected to do a scholarly activity.

- 1) A small reflexive essay on your observations, experience, etc.
- 2) Prepare a 1 hour talk on a topic of your choice related to physiological birth (see following list for examples). This talk should be given to your colleague as peer teaching on Thursday PM.

How to approach movement in labour?

How to approach pain in labour?

What are the best practices to support natural labour and birth?

How to approach birth without interventions?

Etc.

Evaluation:

The evaluation will be completed by the Maternal and Child Health Program Director

I will be based on 3 components:

A field note from your designated midwife commenting on the following aspects:

Understanding of midwifery practice

Understanding of physiological birth

Respect of women, newborn, couple and labour

Respect of midwifery practice and ability of collaboration

The reflexive essay

The teaching prepared