McGill University
Obstetrics and Gynecology Residency Program

Objectives of Training

Rural Rotation

Chandler

Overview

The primary goal of this rotation for the Obstetrics and Gynecology (ObGyn) Resident is to be exposed to general practice in a rural community setting. During this three month rotation, the resident will be:

- Working with general obstetricians-gynecologists, trained in different university
- Exposed to a variety of non-tertiary care situations
- Interacting with a small polyvalent multidisciplinary team.
- Managing cases with limited available resources
- Transferring some patient to tertiary centers, in a timely fashion.

Orientation to Rotation

- **Rotation duration:** three 4-week block(s)

- **Rotation supervisor:**
  
  **Chandler:** Dr Annick Poirier <annickpoirier@hotmail.com>

- **Schedule:** During this rotation, the Resident is expected to participate in the clinical activities, rounds etc. indicated in below:

  **Chandler** offers in a rotation in a rural setting to McGill Obstetrics and Gynecology residents. The residents are supervised by three obgyn during their rotation.

  - **Obstetrics:** They will be exposed to primary care in obstetrics, in a centre with an average of 160 deliveries a year, and high risk pregnancy with secondary care level follow-up of most antenatal pregnancy complications. There is at least one day of obstetrical and gynecologic ultrasound per week. The clinic is usually fairly busy.
  
  - **Gynecology:** Chandler has only secondary care level gynecology cases. There are usually two days of surgery per week and two days of colposcopy. Urodynamics are also available and resident could assist with these studies if they are interested. An osteoporosis clinic will provide the resident with exposure to osteoporosis workup and management.
  
  - **Reproductive Health:** Residents will also be exposed to infertility cases, including ovulation induction and intrauterine insemination.

McGill Rural Education Program

Residents are entitled to a fixed stipend for any kind of rotations done in a rural setting; the stipend covers living expenses and travel. Refer to Rural Education Program information on the website: [www.mcgill.ca/medruraleducation/](http://www.mcgill.ca/medruraleducation/). For further information you may contact:

  **Carole Lemieux** carole.lemieux@mcgill.ca
  Administrator, Rural Education Program
  McGill University, Faculty of Medicine, McIntyre Medical Sciences Building, 3655, Promenade Sir-William-Osler, 6th floor, Montreal QC H3G 1Y6 Tel: (514) 398-1700, Fax: (514) 398-3595,
Specific Objectives and CanMEDS competencies

The role of *medical expert* is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of *scholar, communicator, health advocate, manager, collaborator, and professional*.

1. Medical Expert

Residents will strengthen their knowledge and technical ability in a community setting where resources are limited. The resident will be allocated his own patients and consultation and will be expected to organize a global approach and follow throw resolution of the pathology. He also will have to identify appropriate indications for subspecialty referral.

The residents will participate in a variety of clinics which will allow him to meet those specific objectives:

- Principles of colposcopy including cervical cytology, directed cervical biopsy, endocervical curettage, endometrial biopsy and leep procedure.
- Primay and secondary obstetrical care including genetic screening and counseling, fetal surveillance, maternal obesity, gestational diabetes, gestational hypertension, post-term pregnancy.
- Secondary gynecologic assessment such as menstrual anomalies, contraception (including IUD insertion), ovarian mass.
- Ultrasound in obstetrics and gynaecology
- Investigation and traitement of infertility, including ovulation induction and intrauterine insemination.
- Urogynecology: stress urinary incontinence, detrusor overactivity, pelvic organ prolapsae, urodynamics, pessary care.
- Second line osteoporosis workup and management
- Second line evaluation, counseling and treatment of menopause.

The resident will be in charge of delivery room. He will be exposed to labor induction, labor augmentation, vaginal deliveries, assisted-vaginal deliveries, cesarean, perineal repairs, manual revision, shoulder dystocia, post-partum hemorrhage, post-partum care.

The resident will respond to emergency room consultations

The resident will be participating actively in all surgeries (two days a week). He will be consolidating his skills in the following surgeries:

- Hysteroscopy diagnosis and operating
- Dilatation and curettage
- Endometrium ablation, novasure and thermachoice
- Urethropexy by TVT-O
- Diagnostic laparoscopy
- Tubal ligation, by laparoscopy and hysteroscopy (Essure technique)
- Pelvic reconstructive surgery
- Laparoscopy, including LAVH, subtotal hysterectomy, total hysterectomy

2. Communicator

The resident will be exposed to unique situation of communication as calls are from home and health care facility is far away from tertiary care center.

More specifically, the resident will:
• Have to partially assess obstetrics patient on the phone through efficacious communication in collaboration with a birthing center nurse.
• Consult with subspecialists (eg: GARE, urogyne, oncology) on the phone regarding some tertiary cases.
• Organize transfer to tertiary center.
• Become aware of the importance of confidentiality when hospital staff are neighbours and friends.

3. Collaborator

Collaboration is important more than ever in a setting with a reduced amount of health care professional. In our environment, team work is crucial, each one of us depend on colleagues, family doctors, nurses, other specialist and a number of technologists. The atmosphere is kept convivial as staff interact at and outside work. The resident will have to be ready to answer the needs of nurses and family doctor who have to be very polyvalent in our hospital center.

More specifically the resident will:
• Learn to work closely with family doctors and the limited numbers of other specialists in a small community as a team, all playing an important role in the care of the patients.
• Get involved in the care of all patients in the clinic and emergency room as the gynecologists here work as a team.
• Will rapidly take charge on the emergency room consultations.
• Will learn to work with a reduced in number health care team.

4. Manager

The resident will be exposed to a practice organized differently. The volume being smaller in obstetrics, staff are on-call a week at a time. The usual agreement regarding on-call does not apply well in the rural setting. Resident are expected to organize their time, including on call and days off, in order to be as present as possible for patient care and to maximize learning and studying time according to their needs.

More specifically, the resident will:
• Organize his own clinics in collaboration with the clinic nurse (Chandler: Josée Blais)
• Organize the rounds on wards
• Organize is on call scheduled and post-call days according to occupation.
• Understand the differences and challenges of managing a patient in a community where resources and patient populations differ form that in a tertiary centre.
• Experience how geography, weather and culture influence the diagnostic process and treatments.

5. Health Advocate

La MRC du Rocher Percé is one of the poorest in Quebec province. It also has a unique culture and economy. A large proportion of the population are seasonal workers: fisherman, construction workers, tourist workers, etc. Another particularity is that many of the community's men work outside the area, leaving their family behind. So residents will have several opportunities to:
• Seek actively the risks factors and heath determinants of a patient
• Collaborate with CLSC workers to improve health via socio-economic intervention.
• Consider local issues; obesity, drugs abuse, movement of population.
• Recognize which patients can be appropriately managed in the community and which need to be transferred to a larger center.
• Make clinical management decisions with limited resources or investigations.
6. Scholar

The resident in a community setting must:
- Appreciate the need to use information technology to a greater extent in the rural setting where medical library services may be limited.
- Teach and orientate medical students.
- Be involved in MORE ob
- Take the opportunity to identify gaps in personal knowledge and skill.
- Participate in the department meetings, such as journal clubs, perinatal round etc.

7. Professional

The resident will show professional integrity, honesty and respect in his dealings with the individuals he meets.

He will avoid making value judgments or badly placed comparisons.

He will respect the individuals and the environment where he works; the resident should be courteous and show his gratitude to those that have received him for medical training.

Evaluation

Evaluations will be done by the three gynecologists on site with input from the clinic nurse and the birthing center nurses. Feedback will be given to the resident at the end of the rotation. We do like resident to give us feedback in order to improve any rotation weakness. Results of the evaluation will be post using the MRESone45 on-line system.

Recommended readings:
- SOGC guidelines, especially: menopause, pelvic mass,
- AMPRO for obstetrical topics
- Callen, Ultrasonography in obstetrics and gynecology
- Modern colposcopy