General Obstetrics and Gynecology Rotation

Overview

Goal
The goal of the rotation is for the resident to be exposed to general OB/GYN practice and to become comfortable with multitasking, multidisciplinary work.

Objectives
During the rotation this five to six period rotation for the junior resident will be:

- Working with general obstetricians / gynecologists and with sub-specialists.
- Exposed to a variety of non-tertiary care situations.
- Challenged to respond to different obstetrical and gynecological demands while simultaneously attending to his/her regular clinical duties and learning activities. Exposed to multidisciplinary work.

Because the Resident’s level of exposure to surgery can vary, depending upon the timing of the rotation within his residency training. Certain residents will have been trained for vaginal surgery and laparoscopy while others will have had basic gynecological surgery (opening and closing of the abdominal wall, simple hysterectomy, diagnostic laparoscopy/tubal ligation, laparoscopic cystectomy). All will have had a high level of exposure to obstetrics and will be capable of performing a cesarean section under supervision.

Orientation
This General Obstetrics and Gynecology rotation of 6 weeks will take place at the following McGill University teaching site:

- St. Mary’s Hospital Centre (SMHC)

On their first day residents should report to the ObGyn Directors office (Dr. Lisa Merovitz) in Room 4116. Residents can access the SMHC Orientation package prior to their rotation (www.mcgill.ca/obgyn/teaching/residents/rotation-objectives/).
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

In relation to his/her level of expertise, the resident will continue to acquire clinical knowledge and technical acts.

Knowledge
After meeting with the rotation supervisor, and once their needs have been identified, the resident will prepare a literature review, over the course of their rotation, to be presented to the members of the Obstetric & Gynecology team.

The review can take various forms such as a protocol review, a workshop on a specific skill, formal presentation of a clinical case or a training workshop for attending personnel, etc. The only applicable rule being that the resident shall not “recycle a presentation that s/he has already presented unless the presentation in question applies directly to the milieu in s/he is on rotation.

The objectives this activity seeks to fulfill are as follows:

• The resident is capable of evaluating the training needs of the environment in which s/he works
• The resident is capable of preparing quality training materials (literature review, visual quality of the presentation)
• The resident is capable of clearly expressing him/herself in front of an audience for training purposes

Technical Skills
The junior resident will continue to acquire technical skill in obstetrics and gynecology, more specifically The resident will:

• Respond to emergency and delivery room consultations. S/he will assist at the deliveries of patients in labour, perform ventouse and forceps under supervision, perineal repairs of tears, episiotomies, 3rd and 4th degree tears.
• Assist the gynecologist in the operating room and participate actively in all surgeries. The resident should be able, under supervision, to perform simple procedures such as diagnostic laparoscopy, dilatation and curettage, opening and closing of the abdominal wall, simple hysterectomy. With help, s/he will be introduced/will start vaginal surgeries and advanced laparoscopies surgeries.
• Be assigned to gynecology clinics, colposcopy clinics, high risk obstetric clinics, general obstetric clinics. The resident will proceed with the evaluation of ambulatory patients. S/he will be apt at evaluating the clinical problem, present a treatment and follow-up plan for the majority of the clinical situations s/he will encounter. S/he will report to the supervising clinician.

2. Collaborator

The resident on rotation learns his/her role as a collaborator by intervening in an harmonious and efficacious manner with the different members of the health care professional team (first line physicians, nurses, other specialty physicians or residents, medical students, midwives in training, non-attending hospital staff).

More specifically the resident will
• Respond rapidly to his/her calls on the care unit
• Understand the role of each of the non obstetrical-gynecological team members dealing with patient care, particularly in the delivery room (patient evaluation by nurses, medical students, midwife in training, family medicine residents, such as labor progression, need for analgesia, interpretation of monitoring, etc.)
• The resident will understand the difference in the clinical handling of patients in contexts other than those of a tertiary university hospital.

3. Manager

When the resident is covering wards to which s/he is not assigned, s/he will learn to manage the different and simultaneous demands coming from various sectors. When called to other wards or to the emergency room for a consultation, the resident will respond within a reasonable and safe delay without compromising the organization of the care already being administered.
• The resident will act as a manager, delegating tasks to other learners and supervising care given to patients, while being him/herself supervised by a staff member.
• The resident will be in charge of organizing the rounds on wards and is expected to round on each personal case s/he participated in. After the rounds, the resident is expected to offer support to the team by reviewing the cases and seeing patients that need further care.

4. Communication

S/he will learn to prioritize the demands and communicate efficiently with the different individuals concerned
• These clinical situations will be teaching opportunities, in which the resident is expected to share knowledge or participate in acquiring knowledge.
• In order to follow his/her progress and auto-evaluation, the resident will keep a log of obstetrical and surgical interventions and care episodes in which s/he has participated. S/he will discuss these with the supervisor at the end of each period.

5. Health Advocate

The resident seeks actively to identify the risk factors in the women s/he consults. According to the environment in which s/he is working and always under supervision, the resident will be involved in improving the quality of care given to patients.

6. Professional

The resident will show professional integrity, honesty and respect in his/her dealings with the individuals s/he meets. S/he will avoid making value judgments or badly placed comparisons. S/he respects the individuals and the environment where s/he works (or has been welcomed) for three months and will take care to thank those that have received him/her for medical training.

Evaluation

Residents will be evaluated by the attending staff and senior residents on the above goals and objectives by means of the standard monthly global evaluation form (MRESOne45). This includes the evaluation by the physicians of the Resident’s interpersonal and communication skills, and professionalism. The Resident will also need to complete an evaluation of their General Obstetrics and Gynecology Rotation (on-line MRES-one45), to contribute to future improvements.

Recommended Readings

Williams Obstetrics, 23rd Edition by F. Cunningham
Comprehensive Gynecology, 5th Edition by Katz
Obstetrics and Gynecology Recall, 3rd Edition by John Bourgeois