



# Undergraduate Medical Education Elective

## Obstetrics and Gynecology

### Sites

Hôpital de Lasalle  
 Royal Victoria Hospital  
 St. Mary's Hospital  
 Clinic of Dr. Balayla - 5845 Chem. de la Côte des Neiges #435

### Hôpital de Lasalle

<b>Supervision</b>	Dr. Emmy Cai	<b>Tél.</b>	(514) 362-8000, x 31930
<b>Coordination</b>	Lise Grand'Maison	<b>Tél.</b>	(514) 362-8000, x 31930
		<b>Courriel</b>	<a href="mailto:lise.grandmaison.dll@ssss.gouv.qc.ca">lise.grandmaison.dll@ssss.gouv.qc.ca</a>

### Description du stage

L'Hôpital de LaSalle est un hôpital communautaire de 225 lits ayant une vocation particulière en soins de 1<sup>ère</sup> ligne. Ses efforts sont surtout centrés en obstétrique-gynécologie, chirurgie générale, et médecine générale.

Depuis plusieurs années, les services en obstétrique n'ont cessé d'augmenter et l'Hôpital est devenu l'un des meilleurs centres de maternité et de médecine familiale au Québec. La réduction de la mortalité périnatale et aussi de la morbidité périnatale ont fait de Lasalle un exemple pour tous les hôpitaux communautaires.

La présence de résidents en médecine familiale et d'un résident en obstétrique-gynécologie permet maintenant à l'étudiant une meilleure coordination de ses activités aux différentes cliniques, tant en obstétrique, en chirurgie gynécologique et en clinique externe. Les besoins "de routine" des grands hôpitaux ont été éliminés afin que l'étudiant puisse consacrer la majeure partie de son temps à tous les aspects des soins de la femme. Les cours théoriques font place à la discussion et aux séminaires informels avec le médecin traitant. Il y a des cliniques de colposcopie, d'échographie, de gynécologie, de planning familial et de grossesse à risques élevés. L'étudiant a aussi une expérience en salle d'opération en gynécologie.

L'unité familiale des naissances compte 42 chambres de naissance. Il se pratique environ 300 accouchements par mois, soit 3700 par année. Il y a 12 gynécologues qui ont tous un statut universitaire et environ 15 omnipraticiens accoucheurs.

Une bibliothèque et une chambre sont à la disposition de l'étudiant. Nous prenons au maximum quatre étudiants à la fois.



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Le français est la langue utilisée dans l'Hôpital et pour la tenue des dossiers médicaux.

L'Hôpital est situé au: 8585, terrasse Champlain Ville LaSalle, Québec H8P 1C1 et d'accès facile par le boulevard de la Vérendrye ou par le métro Jolicoeur.

## Royal Victoria Hospital

<b>Supervisor</b>	Dr. Andrew Zakhari	<b>Telephone</b>	(514) 934-1934, x 35781
<b>Coordinator</b>	Carolyn Diarbakili	<b>Telephone</b>	(514) 934-1934, x 35781
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### Elective Description

This elective is intended for prospective candidates to evaluate the strengths of the Department and for the staff and residents to assess the suitability of the candidate for the specialty and for the program. The elective will be organized on a weekly rotation of different areas of the clinical domains and the outpatient clinics working closely with the residents and numerous staff members.

## St. Mary's Hospital

<b>Supervisor</b>	Dr. Sonia Macfarlane	<b>Telephone</b>	(514) 577-6236
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<b>Coordinator</b>	Adriné Dantzigian	<b>Telephone</b>	(514) 345-3511, x 3050
		<b>E-mail</b>	<a href="mailto:medical.education.obsgyn.smhc.comtl@ssss.gouv.qc.ca">medical.education.obsgyn.smhc.comtl@ssss.gouv.qc.ca</a>

### Elective Description

St. Mary's Hospital offers a four-week clinical elective in Obstetrics and Gynaecology. Only one student is accepted at a time.

The elective time is divided between obstetrics and gynecology, based on student requirement and availability of resources. The elective offered is in the area of general clinical obstetrics and gynecology, but if the student is interested arrangements can be made for him/her to spend some time in infertility, ultrasound, colposcopy, and high risk pregnancy. Elective students are considered members of the house staff team and are given responsibilities according to their capabilities.

#### Obstetrics

Over 4,000 babies are delivered yearly at St. Mary's. The elective student would admit prenatal patients with or without complications and patients in labour following their course in hospital till discharge. Students assist at induction of patients, amniocentesis, monitoring of patients in labour,



epidurals and at the delivery and post-partum care of patients. Each student will perform some vaginal deliveries under supervision of staff or resident.

### **Gynecology**

The service is rather large with over 20 gynecologists performing surgical procedures. Students would admit and examine gynecology patients and assist at their surgery in the main O. R. where gynecological surgery is performed daily. The student can also assist at general gynaecology, infertility, and colposcopy clinics. There is "protected" teaching time 60-90 minutes daily of teaching sessions and rounds, which the student is expected to attend.

### **Elective Duration**

2, 3, 4 weeks


### **Educational Objectives**

By the end of the Obstetrics & Gynecology clerkship course, the student should be able to:

- demonstrate the medical basis of Obstetrics & Gynecology
- delineate the differences in care of low risk and high risk pregnancies
- exemplify the care of young reproductive age group and older post reproductive women
- manage and relate an intensive clinical experience in a variety of settings of Obstetrics & Gynecology, including clinic, delivery room, emergency department, ward settings and operating room
- recognize the importance of working in an interprofessional team.

At the end of the Obstetrics & Gynecology clerkship and in keeping with MD.CM and MCC objectives, the student should be able to:

- Recognize and appreciate physiologic diversity, atypical presentation of disease and its clinical significance in women of child bearing and post reproductive age groups. (MDCM 1.1.2)
- Obtain and document an accurate medical history from the patient as well as collateral sources where required (MDCM 1.2.2, 1.6.1)
- Describe, observe or perform physical examination techniques and routine common technical procedures such as obstetric examination, intra-partum pelvic examination, normal vaginal delivery, bimanual pelvic examination, endometrial biopsies, insertion of intra-uterine device and assisting in gynecological surgery (MDCM 1.2.3, 1.4.9)
- Select and interpret specific symptoms, signs, and laboratory and imaging data in order to list meaningful and relevant differential diagnoses for all MCC Clinical Presentations assigned to



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Obstetrics and Gynecology, and develop and timely reassess a treatment plan for these (MDCM 1.3.2, 1.4.7):

- o Pregnancy associated Hypertension (MCC 9-1-4)
- o Amenorrhea/Oligomenorrhea (MCC 56-1)
- o Dysmenorrhea (MCC 56-2)
- o Pre-menstrual syndrome (MCC 56-3)
- o Menopause (MCC 57)
- o Pelvic mass (MCC 72)
- o Pelvic pain (MCC 73)
- o Prenatal care (MCC 80-1)
- o Intrapartum and postpartum care (MCC 80-2)
- o Early pregnancy loss/spontaneous abortion (MCC 81)
- o Pre-term labour (MCC 82)
- o Uterine prolapse/pelvic relaxation (MCC 83)
- o Vaginal bleeding (MCC 112)
- o Vaginal discharge/vulvar pruritis/STI (MCC 113)
- o Intrauterine growth restriction (MCC 118-3)
- Understand the interactions between medical diagnoses and medications and recognize and address problems of medication management and adverse drug reactions including safe prescription practice during pregnancy. (MDCM 1.4.2)
- Demonstrate sensitivity, compassion, and respect when discussing diagnosis of early pregnancy failures and gynecological cancers, caring for pregnant women, and disclosing with patients and their family. (MDCM 2.1.1, 2.1.6, 2.2.5)
- Discuss the implications of different cultural perspectives on antenatal and pregnancy care and how this affects the planning and delivery of care. (MDCM 2.1.5)
- Deal effectively with difficult situations like anxious and angry patient and conflictual situations (MDCM 2.2.4) Demonstrate ethical sensitivity and act appropriately in situations of difficult decision-making related to women's health issues. (MDCM 3.1.1)
- Demonstrate knowledge of legal, ethical and medical issues related to medical and surgical procedures in Obstetrics and Gynecology (MDCM 3.3.1)
- Respect dignity and privacy of pregnant women and women with genital diseases at all times. (MDCM 3.3.1)



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- Describe the basic principles of consent and competency in the context of the women and minors and evaluate patients' capacity to consent in simple situations (MDCM 3.3.2)
- Demonstrate knowledge of the roles and responsibilities of other professionals that are part of an Obstetrics and Gynecology team such as nursing, paramedical and ancillary staff and use this knowledge effectively to contribute to patient care. (MDCM 4.1.1 and 4.1.3)
- Develop an interprofessional patient centered care plan with the other team members. (MDCM 4.1.2)
- Demonstrate effective workplace and personal organizational skills given the specificities of the busy delivery room requirements. (MDCM 5.1.2)
- Understand how aggregated clinical information contributed to health care planning service to the pregnant woman such as OLO program and Prestation spéciale de grossesse etc. (MDCM 5.2.1)
- Recognize the impact of the pregnancy and women's health on healthcare resources allocation and access to optimal health care. (MDCM 5.2.4)
- Demonstrate a commitment to act in the best interest of the patient. (MDCM 6.2.1)
- Demonstrate knowledge about the issues related to health care for vulnerable women including:
  - o understanding the medical basis of gynecological screening from genital diseases and the differences in healthcare delivery towards these
  - o understanding and commenting on the alternative suggestions for delivery of health care for those who have difficulty in accessing health care
  - o discussing about the applicability and benefits of disease prevention in women of reproductive age group and pregnant women (MDCM 6.3.2)
- Incorporate specific preventive measures into their management strategies applied to women's health. (MDCM 6.4.4)
- Find relevant articles in the literature and critically appraise the need for Obstetric and Gynecological surgeries interventions and the role of endometrial sampling. (MDCM 7.1)
- Recognize the limitations and benefits of practice guidelines from the educational institutions such as SOGC. (MDCM 7.6)

### Prerequisites

To have completed year 3 of the medical program.  
Be fluent in English and French.



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## Scope of Work

- 1 week of Caseroom day
- 1 week of Caseroom evening
- 1 week of Caseroom night
- 1 week of OR
- 1 weekend

## Recommended Reading/Preparation

Know the basic about delivery and possible complications.

## Outpatient Obstetrics and Gynecology - Clinic of Dr. Jacques Balayla

<b>Supervisor</b>	Dr. Jacques Balayla	<b>Telephone</b>	(514) 830-7849
		<b>E-mail</b>	<a href="mailto:Jacques.balayla@mcgill.ca">Jacques.balayla@mcgill.ca</a>
<b>Coordinator</b>	Eliana Montenegro	<b>Telephone</b>	(514) 792-2702
		<b>E-mail</b>	<a href="mailto:info@drbalayla.com">info@drbalayla.com</a>

## Elective Description

This is a clinical rotation in the outpatient setting under Dr. Balayla’s supervision. The student will be exposed to outpatient obstetrical and gynecological care – including the use of appropriate techniques where necessary, which include ultrasound assessments, endometrial biopsies, PAP tests, abscess drainage, and others. The student will be exposed to all facets of OBGYN care, including basic infertility, urogynecology, menopause, adolescent medicine, family planning, pregnancy and surgical counselling.

## Elective Duration

4 weeks

## Educational Objectives

- 1) To prepare students interested in women’s health for the day-to-day practice of an obstetrician-gynecologist or family physician who provides pregnancy and gynecological care.
- 2) To explore the different approaches to women’s healthcare throughout the lifespan and sensitize students to the differences in guidelines between provinces and between Canada and the US.

## Scope of Work



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For gynecological services, referrals are accepted for general benign gynecology including:

- Abnormal uterine bleeding, heavy menstrual bleeding, post-menopausal bleeding
- Uterine fibroids
- Dysmenorrhea, pelvic pain, endometriosis, dyspareunia
- PCOS
- Pelvic/adnexal mass
- Birth control counselling, education and prescriptions
- Intrauterine devices (IUDs), including hormonal and non-hormonal devices
- Diagnosis and management of osteoporosis (bone thinning)
- Diagnosis and management of menopause symptoms and hormone replacement therapy
- Diagnosis and management of premenstrual syndrome (PMS)
- Vulvar or vaginal complaints (dermatoses, recurrent infections)
- Urinary incontinence, pelvic organ prolapse
- Gynecologic examinations (including Pap tests, breast exams and pelvic exams)
- Referrals for gynecologic surgery (including total abdominal hysterectomy, laparoscopic hysterectomy, tubal sterilization, endometrial ablation and endometrial polypectomy)

For obstetrical/pregnancy services, referrals and walk-ins are accepted for prenatal care and consultations, including:

- Pre-conceptual counselling
- Infertility counselling, evaluation and management
- Obstetric care (prenatal care)
- Treatment of problems associated with pregnancy
- Routine antenatal labor and delivery services

### Prerequisites

Students should have completed their clerkship rotation in OBGYN or equivalent to be eligible for this rotation.

### Recommended Reading/Preparation

- SOGC guidelines on common gynecological disorders and obstetrical practices
- Refresher on basic epidemiological principles of screening
- UpToDate
- Toronto Notes



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