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UFH Family Medicine Training Program Curriculum Goals and Objectives 2013 Updated 11/03/2014

Rotation: Obstetrics and Gynecology at BJU

Faculty Administrator:

BEIJING: Dr. Li Jianjun – Deputy Chair of OB/Gyn BJU

SHANGHAI: Dr. Anne Minsart of OB/Gyn SHU.

Instructions to Preceptor:

1. Review this document with the fellow at the start of the rotation.
2. At the end of the rotation evaluate the fellow using the attached Competency Based Evaluation Form (or contact the Residency Program to obtain access to an online evaluation forms.)

Instructions to Fellow:

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.
4. Document and record all procedures and deliveries attended.

Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Biannual Evaluation.

Rotation Schedule:

The primary preceptors at BJU are Doctors: Sam Liu, Li Jianjun, Masoud Afnan, Ellen Zhao, Sahba Farhad and midwife Zhang Hong Xia. (At SHU please contact Doctors: Ninni Ji, She Yuhong and Anne Minsart). Fellows will be working with physicians and midwives. Fellows are expected to attend OB/Gyn clinic 4-5 days per week with FM clinic 1-2 half days per week. You will take OB night call 2 times per week during the inpatient weeks. You will be expected to take night call as required by the family medicine service. Please contact Jennifer LeCleur (BJU lactation consultant) to round at least once or twice. When there are two fellows on the rotation, please coordinate your schedules so that you are not both on outpatient at the same time.

- Outpatient OB/Gyn clinic 2 weeks
- Inpatient OB service for 2 weeks (0815-1830) with weekend night call 2 times per week (1830-0830)
- Shadow lactation consultant Jennifer LeCleur and midwives as able

- Family Medicine Continuity clinic 1-3 half days per week (differs by Tier)
- Didactic educational half day on Thursday afternoons
- Attend at least one prenatal class for OB patients

Contact Information:

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SHU – Anne Minsart, MD

Curriculum Goals and Objectives 2013

Rotation: T1 Obstetrics

Faculty Administrator: Setsuko Hosoda, MD, MPH

GOALS:

Fellows will improve their skills of evaluation, diagnosis and treatment of the hospitalized obstetric patient, including the ante, peri- and post-partum periods, with a special focus on the continuity of care for the family. Attached is a list of common conditions fellows are expected to know at the completion of their family medicine training. Learn about genetic counseling and lactation education when schedule permits.

Required Attendance:

- Works: 2 weeks of outpatient OB/Gyn and 2 weeks of inpatient OB/Gyn
- Attends scheduled teaching conferences
- Attend one prenatal education class (scheduled once a month for patients)
- Shadow lactation consultant – Jennifer LeCleir (BJU)
- Log all procedures
- Fellows are expected to attend clinic or hospital rounds 6 days per week with one full weekend off per month.
- One night per week on call with in-house OB doctors covering the ward – refer to specialty INP call schedule on AMION for BJU

Sample schedule for OB/GYN **Outpatient BJU**

(if two fellows, one does inpatient & while the other on outpatient)

Tier 1	Mon	Tues	Wed	Thurs	Fri	Sat	SUN
AM	CBD with Dr. Liu Chun Mei	BJU with Dr. Masoud Afnan	Shunyi with Dr. Li Jianjun	Go to OR or OB/Gyn clinic	Shunyi with Dr. Dalice Marriot	OFF	FM Clinic – 1-2 half day on Sunday Except on Golden Weekend
PM				Didactics			

Tier 2	Mon	Tues	Wed	Thurs	Fri	Sat	SUN
AM	CBD with Dr. Liu Chun Mei	BJU with Dr. Masoud Afnan	Shunyi with Dr. Li Jianjun	Go to OR or OB/Gyn clinic	Go to OR or OB/Gyn clinic in BJU or Satellite	OFF	FM Clinic – 1-2 half day on Sunday Except on Golden Weekend
PM	FM CC			Didactics	FM CC		

Sample schedule for OB/GYN Inpatient BJU

Tier 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	Shadow Midwife on L&D – contact Zhang Hong Xia	Shadow Midwife	Shadow Midwife	Postpartum rounding with In-House Doctor	Postpartum rounding with In-House Doctor	OFF	Postpartum rounding with In-House Doctor
PM				Didactics			
Tier 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	Shadow Midwife on L&D – contact Zhang Hong Xia	Shadow Midwife	FMCC	Postpartum rounding with In-House Doctor	Postpartum rounding with In-House Doctor	OFF	Postpartum rounding with In-House Doctor
PM			FM CC	Follow on-call Triage MD			

Clinical Care:

Will attend to patients on Labor and Delivery working directly with the Nurse/physician team for each patient

In addition Fellows will be expected to:

1. Go to the OR to insert foley catheters, insert the speculum and assess uterine size/cervical dilation. This will be done pre-operatively
2. Follow the midwife on the floor
3. Prepare one short presentation (less than 10 minutes) per week on a topic covered or seen on the service
4. Write two admission notes on an OB or Gynecology patient
5. Be familiar with the EMR/chart notes and templates for OB/Gyn inpatient and clinic

Learning Objectives Required To Meet Specific Rotation Goals:

1. Performs an appropriately detailed history, physical exam and diagnostic assessment of patients to formulate a working differential diagnosis and management plan appropriate to the level of training.
2. Communicates information in both written and verbal form to team members and attending physicians, including the completion of delivery notes.

3. Communicates patient information in both written and verbal form to patients and their families
4. Efficiently and effectively works with nursing staff.
5. Appropriately involves, communicates with and utilizes the recommendations of ancillary services in the care of inpatients.
6. Recognizes when the acuity of a patient's presentation warrants immediate intervention and obstetric or neonatal consultation.
7. Works to be an effective team member, through being timely, attending scheduled conferences and actively participating in team discussions.
8. Recognizes the need and develops the skills to obtain timely help in the care of patients.
9. Develops the skills to recognize a fetus in distress.
10. Develops the skills to recognize fetal malpresentations.
11. Recognizes complications of 3rd stage of labor.

Perform or describe the following procedures:

1. Vaginal examination to determine cervical findings and fetal presentation
2. AROM
3. *IUPC and Fetal scalp electrode placement (not done at BJU)*
4. Limited use of obstetric ultrasound to determine fetal viability and presentation
5. Uncomplicated vaginal delivery
6. Repair of 1st and 2nd degree simple vaginal and perineal tears
7. Repair of midline episiotomies in the occasional circumstance it is required
8. Evaluation of the cervix, vaginal vault and perineum for post-partum lacerations
9. Basic skills of newborn resuscitation
10. 1st assistant skills at C-section

MEDICAL KNOWLEDGE:

Demonstrates knowledge of following conditions

Antepartum Conditions:

1. Late trimester bleeding: Can appropriately discuss evaluation and management of third trimester bleeding. Painless or Painful.
2. Preterm Labor:
 - a) Appropriately recognize and manage PTL with appropriate Obstetrical Consultation
3. Chorioamnionitis:
 - a) Can diagnose and recommend appropriate treatment and management
4. DVT/PE
 - a) Can diagnose and recommend appropriate treatment and appropriate OB consultation
5. Hypertensive disorders of pregnancy (see below)
6. Gestational diabetes: Can diagnose and recommend appropriate treatment – and discuss intrapartum management
7. PROM and PPRM
 - a) Competently evaluate Premature Rupture of Membranes and discuss management

- b) Recognizes ferning
- c) Competently discusses PPRM and PROM management
- 8. Fetal Assessment of the hospitalized high risk antepartum patient
- 9. NST- document 10 reviewed NST's
- 10. Able to describe and discuss correct use and prognostic significance of other antepartum tests CST/BPP/AFI/Doppler studies

Peri-partum conditions

- 1. Identify and discuss criteria for routine labor admission
- 2. Assessment of fetal presentation
 - a) by Leopolds
 - b) by U/S to confirm Fetal lie
- 3. Estimate Fetal weight by Leopolds and routinely chart on admission

Labor management:

- 1. Understands the Cervical exam for dilation
- 2. Accurately charts dilation. Effacement and station
- 3. correctly identifies occiput position
- 4. FHR tracing interpretation: Has Reviewed EFHR tracing presentation and successfully completed post test
- 5. Real life: appropriately differentiates FHR tracing and can respond appropriately (intrauterine resuscitation); Category 1, Category 2, Category 3
- 6. Familiar with Fetal Scalp Electrode placement with description of indication and contraindications:
- 7. Recognition of normal and abnormal/dystotic labor curves
 - a) Demonstrates understanding of when labor is prolonged at each stage and can verbalize appropriate management response
- 8. Familiar with IUPC placement with description of indication and contraindications
- 9. Able to review obstetric analgesia/anesthesia options and their potential risks/benefits

Obstetric emergencies/urgencies

- 1. Can appropriately recognize Pre-eclampsia and describe management:
 - a) Term Pre- eclampsia
 - b) Mild
 - c) Severe
- 2. Can discuss Eclampsia and it's management
- 3. Shoulder dystocia
 - a) Complete Task trainer and simulated shoulder dystocia exam
- 4. Malpresentations and malpositions:
 - a) Has Completed ALSO training
- 5. Intra-partum bleeding:
 - a) Can describe differential, diagnostic evaluation and management plan and responds in a timely manner.
- 6. Respiratory distress –

- a) Can describe appropriate differential and evaluation of specific Pregnancy related causes; Including peripartum cardiomyopathy, PE, Pulmonary edema, Amniotic fluid embolus
- 7. Chorio-amnionitis
 - a) Can verbalize Chorioamnionitis criteria and appropriate management
- 8. Fetal distress: - See above
 - a) Can describe Indications and contraindications for an Operative Vaginal Delivery with a vacuum.
 - i. Completes task trainer and exam
 - ii. Completes ALSO course
 - b) Indications for an operative delivery. Can identify indications for emergent c-section and describe steps to make this happen in timely manner – Has taken part in first assist of at least one c-section

Post-partum conditions & Third stage complications

1. Demonstrates active management of 3rd stage in care of patients
2. Describes repair of 2nd degree tears/lacerations
3. Recognition of 3rd and 4th degree tears
4. Shows ability to recognize and appropriately seeks assistance to repair
5. Timely Recognition of cervical lacerations and demonstrates assessment for this.
6. Post partum hemorrhage
 - a) Completes PPH pre-test
 - b) Completes PPH simulation with de-brief
7. Can discuss management of retained placenta and recognition/management of uterine inversion

Infectious

1. Can discuss differential and approach to diagnosis of the following common conditions.
 - a) Endometritis
 - b) Septic pelvic thrombophlebitis
 - c) Wound infection
 - d) Fever

Miscellaneous

1. Mastitis: Aware of diagnosis/treatment
2. Anesthesia complications (spinal headache, neuropraxia)
3. Post-surgical care of patients undergoing C-section
4. Pain management
5. Late post-partum bleeding