

NAME OF ROTATION: IM Obstetric Medicine

FOCUS OF THIS ROTATION

The goal of this rotation is to provide the Internal Medicine trainee (PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of pregnant patients.

The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY2
- PGY3

Locations for rotation:

- SHS-MSH
- Michael Garron Hospital

Required training experiences included in this rotation (Core of Discipline = PGY2s and PGY3s)

- COD 1 Clinical training experiences:
 - 1.1.2 Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders
 - 1.1.3 Service providing Obstetrical Medicine consultation to other disciplines or to medical subspecialty inpatient units
 - 1.1.4 Service providing preoperative assessment and perioperative care
 - 1.1.6 Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	1
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	1
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	1
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	0-1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Perform an accurate and detailed history and physical examination to elicit details of common obstetrical medicine syndromes.	Medical expert
2.	Demonstrate an understanding of the physiologic changes that occur in a normal pregnancy.	Medical expert
3.	Develop a patient-centered, evidence-based, cost-effective approach to the management of common medical syndromes in pregnant women.	Medical expert
4.	Apply knowledge of unique aspects of pharmacotherapy in the pregnant woman with a focus on the safety of drugs in pregnancy.	Medical expert
5.	Engage the pregnant patient and, when required, their family in developing plans that reflect the patients' health care needs and their goals of care.	Communicator
6.	Participate in an effective manner with the interprofessional health care team involved in their patients' care, including conflict resolution, when required.	Collaborator
7.	Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment.	Health Advocate

Royal College Internal Medicine Competencies emphasized on the Obstetric Medicine rotation.

Numbers refer to items identified in the Royal College Competencies document

Apply knowledge of the clinical and biomedical sciences relevant to Internal Medicine 1.3.

1.3.2. Physiology as it applies to the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, renal, endocrine, neurological, musculoskeletal, hematologic and immunologic systems throughout the life course, including pregnancy

1.4.13.5. Pregnancy induced change in blood volume, hemodynamics, and cardio-respiratory and renal physiology 1.4.13.5.1.

Findings and investigations 1.4.13.5.2.

1.4.13.5.2.1. Abnormal liver tests

1.4.13.5.2.2. Proteinuria

Disorders: Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications.

- 1.4.2.3.1. Hypertension
- 1.4.5.2. Renal disorders (including diabetic nephropathy, polycystic kidney disease, nephrotic and nephritic disorders)
- 1.4.8.2. Hematologic disorders (including hemoglobinopathies, thrombocytopenia in pregnancy, and thromboembolic disorders)
- 1.4.1.3. Cardiovascular diseases in pregnancy
- 1.4.6.3. Endocrine diseases in pregnancy (including diabetes mellitus and thyroid disease)
- 1.4.7.3. Neurologic disorders (including migraine, epilepsy, stroke, etc)

Therapies: Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of pregnant patients with medical conditions 1.4.13.5.5.2. Drug prescribing in pregnancy and post-partum period