Obstetrics & Gynecology: Foundations EPA #1

Provisioning routine prenatal care to a low-risk, healthy population

Key Features:
- This EPA includes assessing and counselling women experiencing a low-risk pregnancy and managing routine prenatal care.
- This EPA must be observed in a clinical setting, and may be observed in obstetric clinics or the antenatal ward.

Assessment Plan:
Direct observation or case discussion, and review of a consult letter/antenatal form by OBGYN faculty, family physician, midwife, nurse, genetic counsellor, or Core or TTP trainee

Use Form 1. Form collects information on:
- Visit: initial visit; follow up visit
- Patient: pre-conception; first trimester; second trimester; third trimester; term; postdate
- Discussion topic (write in):

Collect 3 observations of achievement
- At least 1 initial visit assessment, in the antenatal period (i.e. pre-conception, or first, second or third trimester)
- At least 1 second or third trimester patient
- At least 1 discussion regarding common prenatal issues (e.g., postdate, vaginal birth after cesarean section [VBAC], or breech presentation)
- At least 2 different observers

CanMEDS Milestones:

1. ME 2.2 Perform a patient assessment including history and physical exam
2. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
3. ME 2.2 Select appropriate investigations and interpret the results
4. ME 2.3 Address the patient’s ideas, fears, and concerns about pregnancy and her prenatal care
5. ME 2.4 Ensure that the patient and family are informed about the risks and benefits of each screening and treatment option in the context of best evidence and guidelines
6. ME 4.1 Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
7. COM 3.1 Communicate the plan of care clearly and accurately to the patient and their family
8. COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions
9. COL 1.2 Consult as needed with other health care professionals, including other physicians
10  L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

11  HA 1.1 Facilitate timely patient access to services and resources

12  HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours