

OBSTETRICS AND GYNAECOLOGY ROTATION PLAN

NAME OF ROTATION: Chief Resident

FOCUS OF THIS ROTATION

- Consolidation of all obstetrics and gynaecologic knowledge and experience in the independent management of the inpatient service
- Assume administrative and educational leadership of the resident and student team
- Emphasize surgical experience, particularly of complex and urgent cases, and as a surgical teacher
- Participate in Quality Improvement (QI) initiatives

CBD stage(s) for this rotation:

- Transition to Practice (TTP)

Length of this rotation:

- 6 blocks total, including those in completed in Core of Discipline (COD). Generally, 2-3 blocks during TTP.

PGY Level(s) for this rotation:

- PGY5

Locations for rotation:

- Mount Sinai Hospital
- Sunnybrook Health Sciences Centre
- St. Michael's Hospital
- North York General Hospital
- Michael Garron Hospital
- Credit Valley Hospital (Trillium Health Partners).

Required training experiences included in this rotation

- TTP 1.1.1 Labour and delivery experience
- TTP 1.1.2 Inpatient service in Obstetrics and Gynaecology
- TTP 1.1.3 Consultative service to the emergency department and inpatient services
- TTP 1.1.4 Operative experience in Gynaecology
- TTP 1.1.6 After-hours coverage for Obstetrics and Gynaecology
- TTP 2.1.1, 2.1.2, 2.1.3 Supervision of junior learners – Orientation, Teaching and Scheduling clinical responsibilities and formal teaching sessions

Other training experiences that may be included in this rotation

- TTP 2.5 Formal instruction during AHD
- Grand rounds (most sites require a chief to present grand rounds)

	EPAs Mapped to this rotation:	Total # of Entrustments expected, or encouraged, on <i>this</i> rotation.	Total # of Entrustments Expected by the end of the CBD Stage
1.	OG TTP-1 Managing complex patients including those requiring longitudinal care	0-2	4
2.	OG TTP-2 Discussing difficult news	0-2	3

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Elentra):
1.	Procedure logging	My Resident File (SharePoint)
2.	ITAR (In-Training Assessment Report)	Elentra
3.	OSCE (Nov/Dec & May/June)	

	Key Objectives for this Rotation By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Demonstrate a thorough knowledge of the diagnosis and management of obstetric and gynaecologic conditions at the level of an autonomous consultant.	Medical Expert
2.	Review and analyze information from a junior trainee to develop a thorough understanding of a patient's history and physical examination, and verify this information appropriately as necessary.	Medical Expert
3.	Establish a therapeutic relationship with patients and communicate well with family. Provide clear and thorough explanations of diagnosis, investigation and management. Demonstrate empathy and sensitivity.	Communicator
4.	Maintain clinical notes that meet practice standards and capture the key points of patient care, consistent with departmental and CPSO standards.	Communicator
5.	Demonstrate leadership skills in providing direction, guidance, and support to junior trainees and other allied health professionals. Work collaboratively and effectively with supervising faculty to ensure excellent patient care.	Leader Collaborator
6.	Provide knowledge and expertise to junior trainees for all aspects of gynaecologic patient care, including emergency consults, hospital ward rounds, operating room, and Chief-Resident clinic encounters, in an increasingly independent manner.	Scholar Leader
7.	Effectively lead the healthcare team; delegate and distribute tasks fairly; use time wisely.	Leader
8.	Independently manage the Chief Resident Clinic, including appropriate follow up of results and coordination of patient care.	Leader Health Advocate Communicator Collaborator
9.	Organize and deliver formal teaching sessions to junior learners.	Scholar
10.	Contribute to feedback of junior learners and faculty; lead residents in providing program feedback.	Scholar