# **OBSTETRICS AND GYNAECOLOGY ROTATION PLAN (2020-21)**

NAME OF ROTATION: Ambulatory

#### **FOCUS OF THIS ROTATION**

• To provide experience in the areas of general obstetric and gynaecologic care in an outpatient/ambulatory setting.

## CBD stage(s) for this rotation:

• Core of Discipline (COD)

### Length of this rotation:

(1)-one block

#### PGY Level(s) for this rotation:

PGY3 / PGY4 / PGY5

#### Locations for rotation:

- Multi-site rotation over any/all of these hospitals
- Women's College Hospital
- Mount Sinai Hospital
- SHSC
- SMH

# Required training experiences included in this rotation

- COD 1.1.4.1. Obstetrics across the breadth of the discipline Clinics in General obstetrics
- COD 1.1.6. Obstetrics across the breadth of the discipline After-hours coverage
- COD 1.2.4.1. Gynecology across the breadth of the discipline Clinics in General gynecology
- COD 1.2.4.5. Gynecology across the breadth of the discipline Clinics in Chronic pelvic pain and sexual health
- COD 1.2.6. Gynecology across the breadth of the discipline After-hours coverage

## Recommended training experiences included in this rotation

- COD 3.1.2. Clinics Menopause
- COD 3.1.3. Clinics Vulvar disorder
- COD 3.1.4. Clinics Family planning/abortion clinic (including medical abortion)

# Other training experiences that may be included in this rotation

- COD 5.2. LGBTQ specialized clinic
- AHD

<sup>\*</sup> In order to have meaningful evaluations, a minimum number of encounters between trainees and teachers is essential. The Ambulatory Rotation Coordinator is responsible for collecting and collating the evaluations. The maximum number of teachers who contribute to the evaluation is six. The minimum number of encounters/clinic time is 1 to 3 per teacher.

	EPAs Mapped to this rotation:	Total # of Entrustments expected, or encouraged, on <i>this</i> rotation.
1.	OG EPA COD-12 Assessing, diagnosing and managing patients with chronic pelvic pain and sexual health concerns	2
2.	COD-8 Providing care for patients with complex gynaecologic conditions and /or medical comorbidities	2
3.	COD-5 Diagnosing and managing post-partum complications	0-1
4.	COD-2 Managing patients with acute in the antenatal and perinatal period	0-1

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	Procedure logging	Microsoft Web Forms (Office 365)
2.	ITAR (In-Training Assessment Report)*	POWER
3.	OSCE (Nov/Dec & May/June)	
4.	In-training exam (once a year)	

	Key Objectives for this Rotation  By the end of the rotation the resident should be able to	CanMEDS Role(s):
1.	Obtain a complete, yet focused, obstetric or gynaecologic history specific to the presenting issue at a near consultant level.	Medical Expert
2.	Conduct an appropriate and focused physical examination that includes performing relevant procedural diagnostic tests.	Medical Expert
3.	Diagnose and manage obstetric and gynaecologic conditions that present in the ambulatory setting.	Medical Expert
4.	Elicit the trust and cooperation of the patient and their family, listen effectively and discussed appropriate information with patients/families.	Communicator
5.	Document interactions with patients and their families and complete health records in a timely manner.	Communicator
6.	Consult as needed with other health carer professionals	Collaborator
7.	Communicate with patient's primary health care professional about the patient's care	Collaborator
8.	Facilitate timely patient access to services and resources	Health Advocate
9.	Incorporate disease prevention, health promotion and health surveillance activities into interactions with individual patients	Health Advocate

## Other:

# Procedural skills:

(1) Demonstrate expertise in performing common ambulatory care procedures (e.g. endometrial biopsy, intrauterine device/system placement and vulvar biopsy and treatments).