

Name of Rotation:	OBGYN – Chatham
Description of Rotation:	<p>4 week rotation. 2 weeks – labour and delivery, obstetrical triage. Also rounding on inpatients and seeing gynecology consults in the emergency room. Essentially it will be inpatient obstetrics/gynecology. 2 weeks – combination of operative gynecology (hysterectomy, laparoscopies, hysteroscopies, etc.), and clinic (colposcopy, ambulatory gynecology and antenatal clinic)</p> <p>Longitudinal: rounding on inpatients on a daily basis (except weekends and holidays) and being aware of disposition management.</p>
Rotation Contact:	<p>Dr. George P. Jacob Administrator: Deb Johnson (519-397-5628)</p>
Description of Clinical Duties:	<p>Labour and Delivery – being involved in the active management of spontaneous labour or induced labour. This includes doing a H&P note for all admitted labouring patients, creating rapport, recognizing FHR tracings that are not normal and coming up with management plan, identifying obstructed/protracted labour and management options. Knowing when to offer operative vaginal delivery vs proceeding to c-section. Management of normal postpartum vaginal and c-section deliveries. Management of postpartum hemorrhage, sepsis, hypertensive disorders. Knowing when to send patients home and when to keep them. Management of critically ill labouring patients including calling for help.</p> <p>Obstetrical triage – assess patients for common antenatal conditions as well as non-obstetric concerns in pregnant patients. Knowing when to send patients home, admit patients for antenatal management, when to decide to deliver patients. Management of critically ill pregnant patients including calling for help.</p>

	<p>ER – management of common ER gyne presentations – acute pelvic pain, acute vaginal bleeding, first trimester pregnancy issues (ectopic pregnancy, spontaneous miscarriage). Knowing when to admit patients, send patients home, and when to operate on patients.</p> <p>Clinic – Familiarity with common ambulatory gynecology conditions – lichen sclerosus, routine pap smear, abnormal uterine bleeding, postmenopausal bleeding, chronic pelvic pain (endometriosis, etc.), pelvic masses. Familiarity with management of prenatal patients in clinic. Identify high risk factors to suggest referral. Management of low risk prenatal patients.</p> <p>Procedural skills – pap smear, endometrial biopsy, pelvic examination, cervical polyp removal, vulvar biopsy, IUD insertion (ideally the whole procedure if not components of it)</p>
<p>Sample Schedule:</p>	<p>Week 1/3 – 5 days triage, L&D, ER consults Week 2/4 – 2-3 days of OR, 2-3 days of clinic</p>
<p>On-Call Requirements:</p>	<p>Total of 6 days of home-call 24 hour shifts (at least 3 weekend shifts – typically Friday/Sunday of one weekend, and Saturday of another weekend). If no clinical duties done past midnight, learner is expected to be present the next day for scheduled clinical day.</p> <p>If learner was working past midnight on on-call day, next day is post-call after rounding duties are completed in the morning.</p>
<p>Description of Setting:</p>	<p>In hospital – Labour and Delivery floor, Emergency room, Operating Room</p> <p>For ambulatory clinics – in offices of individual physicians – all offices are outside of the hospital</p> <p>There is a physician lounge for learner to put their personal belongings, and computers to use. There IS NO CALL-ROOM. Learner will have to go back and forth between their lodging place and the hospital.</p>
<p>Supervision:</p>	<p>Dr. George P. Jacob (main preceptor) for residents. The respective OBGYNs in department will be responsible for supervision depending on clinic/OR/on-call day that residents are scheduled into. Locum physicians are not put in supervisory role with learners. Only full time OBGYN staff (Dr.</p>

	<p>Garvey Chilopora, Dr. Charles Hamm, Dr. Azaghdani).</p> <p>Direct supervision will be available at all times. On-calls are home calls for the staff physician. If resident assesses a patient while on-call he/she would have to contact the OBGYN on-call who might be at home. However, OBGYN will come in if resident requests it.</p>
Clinical Content:	<p>Level IIB Obstetrical centre – 900 deliveries per year. Large midwifery population (25%). One family physician delivers in the community. High volume ambulatory gynecology clinics. Low to medium risk obstetric patients seen in ambulatory prenatal clinics. Low to high risk obstetrics seen in hospital since all tertiary care centres are over 1 hour away.</p>
Objectives/Expectations:	<p>Medical expert – have working knowledge of common prenatal, ambulatory gyne issues. Know management of normal labour as well as obstructed labour. Know management of obstetric emergencies in labour – sepsis, hypertensive disorders, massive hemorrhage.</p> <p>Communicator – Be able to identify concerns in patients and present patient complaint in succinct manner with emphasis on assessment/plan. Communicate plan to patient in a professional and compassionate manner.</p> <p>Collaborator – be able to work with team of midwives, nurses, RTs, allied health professionals, anesthesiologists, family physicians for successful management of patient.</p> <p>Leader – be a resident teacher for learners of junior experience (medical students, etc.)</p> <p>Scholar – be open to lead MoreOB drills or do short teaching presentations for nurses/medical students.</p>
Level of Residents Accepted:	R1, R2, R3
Teaching:	<p>We will have 1-2 medical students from London rotating through our OB department. Ample opportunity for informal teaching/bedside teaching. Our nurses have MoreOB program skills drills monthly. Residents are encouraged to lead one of the drills (we believe teaching is the best way to learn a topic)</p>

Description of Location:	Chatham Kent Health Alliance - 80 Grand Ave W, Chatham, ON N7M 5L9 Dr. George Jacob clinic - 744 Richmond St, Chatham, ON N7M 5J5 Dr. Garvey Chilopora clinic - 41 Grand Ave W, Chatham, ON N7L 1B4
---------------------------------	--