Obstetrics & Gynecology: Core EPA #2

Managing patients with acute conditions presenting in the antenatal and perinatal period

Key Features:
- This EPA focuses on the recognition and management of maternal and fetal conditions that may complicate labour and necessitate intervention.
- This EPA includes the decision to proceed to operative delivery but not the technical aspects of the procedure (included in another EPA).

Assessment Plan:

Direct observation by OBGYN faculty, Maternal Fetal Medicine (MFM) trainee, or TTP trainee

Use Form 1. Form collects information on:
- Setting: clinical (ER, triage, L&D, antenatal ward, ICU); simulation
- Maternal complication (select all that apply): not applicable; chorioamnionitis; trial of labour after cesarean section; complicated induction; severe hypertensive disorder of pregnancy; pre-gestational diabetes; maternal comorbidities (e.g., cardiac, GI, renal, pulmonary); 1st or 2nd stage dystocia; intrapartum hemorrhage; uterine rupture; shock; eclampsia; other
- If "other" indicate diagnosis: [free text]
- Fetal complication (select all that apply): not applicable; preterm delivery (gestational age <32 weeks); multiples; intrauterine fetal death; malposition; cord prolapse; atypical/abnormal fetal heart rate tracing
- Manual rotation: yes; no

Collect 10 observations of achievement
- Must be a diversity of maternal and fetal cases
- At least 3 different maternal complications
- At least 3 different fetal complications
- At least 5 faculty observations
- At least 3 observers

Relevant Milestones:

1. ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2. ME 1.5 Perform clinical assessments that address all relevant issues
3. ME 1.6 Carry out professional duties in the face of multiple, competing demands
4. ME 1.7 Adapt care as the complexity, uncertainty, and ambiguity of the patient’s clinical situation evolves
5. ME 1.7 Seek assistance in situations that are complex, novel, or involve uncertainty
6 ME 2.3 Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable

7 ME 2.4 Develop and implement patient-centred management plans that consider all of the patient’s health problems and context

8 ME 5.2 Apply the principles of situational awareness to clinical practice

9 COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

10 COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

11 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately

12 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

13 COL 1.1 Receive and appropriately respond to input from other health care professionals

14 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions

15 COL 3.2 Organize the handover of care to the most appropriate physician or health care professional

16 L 2.2 Apply evidence and management processes to achieve cost-appropriate care