

Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency
Rotation Curriculum

Rotation: **Obstetrics (PGY2)**

Site: Ronald Reagan UCLA Medical Center (RRMC)
5 North - Labor and Delivery
757 Westwood Plaza
Los Angeles, CA 90095

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Schedule: Shifts are from Monday to Friday, 6:00 AM to 6:00 PM.

Description of Rotation:

The Obstetrics and Gynecology rotation is a 2 week rotation. Residents perform normal deliveries and become familiar with the care of women during the latter weeks of pregnancy and the immediate post-partum period. The majority of the rotation is spent on the Labor and Delivery (L&D) ward where EM residents function as Ob-Gyn PGY1 residents. They manage normal deliveries and associated complications, performing 10 – 15 deliveries during the rotation. EM residents also assist in: 1) the evaluation of pregnant women > 20 weeks EGA with medical and obstetrical complaints; 2) the evaluation of pregnant women for admission to L&D; and 3) post-partum care. All clinical activities are performed under the direct supervision of OB/Gyn senior residents and faculty.

Responsibilities:

As an active member of the obstetrical team, the EM resident should participate in all of the following activities, under the direction of the senior resident on service:

- 1) When starting the rotation, the EM resident should check in with the senior resident on service so that they are informed of the daily schedule and routine set by the senior resident
- 2) Be present at board sign out at change of shift in morning and evening, and throughout the day
- 3) Participate in triage of all patients presenting in L&D, whether or not they are in labor

- 4) Participate in labor management, although any exams should be done under the supervision of the senior resident or attending
- 5) Participate in delivery of uncomplicated pregnant patients
- 6) Write postpartum orders and delivery records
- 7) Assist in the identification and management of immediate postpartum complications and/or antepartum emergencies, under the supervision of the OB residents and attending
- 8) Demonstrate initiative in assisting with patient care. The EM resident has a unique perspective and fund of knowledge, which is applicable to many situations in obstetrics. In this role, the resident should assist in teaching of medical students and residents.

Goals and Objectives:

GOALS/OBJECTIVES	COMPETENCIES ADDRESSED	INSTRUCTIONAL METHOD	ASSESSMENT / EVALUATION TOOLS
Understand the clinical aspects of and be able to perform a normal vaginal delivery.	PC, MK	Direct patient care, simulation, daily board sign-out, didactic lectures, textbook reading	DO, MSA, PL
Understand the clinical aspects of and be able to repair a simple episiotomy/laceration (1 st or 2 nd degree).	PC, MK	Direct patient care, didactic lectures, textbook reading	DO, MSA
Understand the indications and maneuvers required for vacuum and forceps assisted vaginal delivery.	PC, MK	Direct patient care, simulation, didactic lectures, textbook reading	DO, MSA
Demonstrate an understanding of and ability to perform a primary Cesarean section, including post-operative care.	PC, MK, ICS, SBP	Direct patient care, post-partum rounds, didactic lectures, textbook reading	DO, MSA
Demonstrate ability to perform and document a history, physical exam, and informed consent for a term pregnant patient, including timely and efficient triage management.	PC, MK, ICS, P, SBP	Direct patient care, didactic lectures, textbook reading, literature search	DO, MSA
Through history and/or physical exam, be able to assess the status of membranes, uterine contractility, cervical effacement and dilation, fetal station, and adequacy of pelvic dimensions.	PC, MK, ICS	Direct patient care, simulation, didactic lectures, textbook reading	DO, MSA
Assess fetal presentation, position and weight through Leopold's maneuvers and Level I obstetrical ultrasound.	PC, MK	Direct patient care, didactic lectures, textbook reading	DO, MSA
Perform, interpret and respond to different methods of assessing fetal well-being, including fetal heart rate monitoring and assessment of amniotic fluid index.	PC, MK	Direct patient care, ante-partum rounds, daily board sign-out, didactic lectures, textbook reading, literature search, HROB/Perinatal fetal heart tracing review, simulation	DO, MSA
Understand the normal course of labor and risk factors for abnormal labor; be able to identify and manage abnormalities of labor.	PC, MK	Direct patient care, daily board sign-out, didactic lectures, textbook reading, literature search	DO, MSA

Understand the methods of, appropriate indications for, and complications of cervical ripening and labor induction.	PC, MK	Direct patient care, daily board sign-out, didactic lectures, textbook reading, literature search	DO, MSA
Recognize and evaluate abnormal fetal presentation and position; become familiar with the most appropriate procedures for delivery of fetuses with abnormal presentation/position.	PC, MK	Direct patient care, ante-partum rounds, daily board sign-out, didactic lectures, textbook reading, literature search, simulation	DO, MSA
Demonstrate an understanding of the risks, benefits, criteria for and contraindications to vaginal birth after cesarean (VBAC).	PC, MK	Direct patient care, daily board sign-out, didactic lectures, textbook reading, literature search	DO, MSA
Become familiar with the different types of anesthesia that are appropriate for control of pain during labor and delivery; understand the indications for, risks and side effects of these different forms of anesthesia.	PC, MK	Direct patient care, daily board sign-out, didactic lectures, textbook reading, literature search	DO, MSA
Become familiar with the etiology, intrapartum evaluation and intrapartum management of obstetrical complications, such as preterm labor, 3 rd trimester bleeding, hypertension, multiple gestation, intrauterine growth restriction, isoimmunization, thrombocytopenia, postterm pregnancy, premature rupture of membranes, diabetes and fetal death.	PC, MK	Direct patient care, daily board sign-out, didactic lectures, textbook reading, literature search, high riskOB rounds, ante-partum rounds	DO, MSA
Demonstrate ability to perform initial resuscitation and evaluation of the newborn; understand the indications for cord blood gas analysis and be able to interpret the results.	PC, MK, SBP	Direct patient care, didactic lectures, textbook reading, literature search, simulation	DO, MSA, PL
Identify and treat common postpartum complications, including uterine hemorrhage, infection, wound separation, urinary tract infection, urinary retention/incontinence, ileus, mastitis, deep venous thrombosis and pulmonary embolism.	PC, MK	Direct patient care, daily board sign-out, post-partum rounds, didactic lectures, textbook reading, literature search	DO, MSA
Perform a focused physical exam on a postpartum patient.	PC, MK, ICS	Direct patient care, textbook reading, post-partum rounds	DO, MSA
Understand and be able to counsel postpartum patients about reversible contraception and permanent sterilization.	PC, MK, ICS, SBP	Direct patient care, post-partum rounds, didactic lectures, textbook reading, literature search	DO, MSA
Identify areas where knowledge and experience may be lacking and actively seek out opportunities to improve this knowledge in order to continually improve the care of the inpatient obstetrical population.	PBL	Resident self-assessment, direct patient care	DO, MSA
See out and demonstrate receptiveness to feedback from senior housestaff, attendings and nursing staff and incorporate this into daily practice.	PBL	Resident self-assessment, direct patient care	DO, MSA

Use information technology available in the medical center and on labor and delivery and postpartum unit to access scientific studies and practice guidelines to facilitate care of the inpatient obstetrical patient population.	PBL	Medical center and departmental websites, medical center and departmental library	DO, MSA
Communicate effectively with patients in language that is appropriate to their educational and socioeconomic background; attempt to elicit help from translators when necessary.	ICS	Direct patient care	DO, MSA
Become familiar with and foster collaborative relationships with the neonatal intensive care team, nursing staff lactation consultants and case workers; Provide detailed written and verbal information to staff from those services participating in care of patients.	ICS, P, SBP	Direct patient care, resident self-assessment	DO, MSA
Be attentive to the schedule of conferences and planned procedures on labor and delivery and develop habits of efficiency and punctuality.	P	Direct patient care	DO, MSA
Gain an understanding of the financial resources available to support provision of medical services upon discharge for mothers and their infants from a variety of socioeconomic backgrounds.	SBP	Direct patient care, clinic and hospital managerial staff	DO, MSA
Become familiar with the links to consultant medical services both in the hospital system and in the community for ongoing maternal and neonatal care.	SBP	Direct patient care, direct communication with consultants/referring physicians	DO, MSA
Become familiar with a variety of prenatal care delivery systems, including private practice, county clinic, academic resident run clinic.	SBP	Direct patient care, communication with prenatal care providers and prenatal clinic staff	DO, MSA
Identify and maintain communication with the covering private physicians and nurse midwives.	ICS, SBP	Direct patient care, clinic staff	DO, MSA

Assessment

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Direct Observation (DO): Supervising faculty and senior residents directly observe and evaluate EM resident performance.
2. Multisource assessment (MSA): end of rotation evaluation of resident performance with respect to the stated objectives by the rotation director. Input from faculty, other team resident members, students, nursing, and staff informs the performance summary.