

Draft Curriculum – Operative Delivery for Rural Family Physicians

From the Prince Albert ESS Curriculum ([See Draft 2](#)) and the ESS OB Dictionary in the [BC Cactus Privileging Database](#) (See [Obstetrical and Gynecology Dictionary](#) and [ESS Dictionary](#))

KNOWLEDGE OBJECTIVES

I- PRINCIPLES OF SURGERY

1. Surgery 101 – *antiseptics, hemostasis, incisions, stabilization, wound healing, suturing and instruments, physiologic reaction to surgery, nutrition*
2. Patient Selection and Preparation – *surgical and anaesthetic*
3. Surgical Decision Making – *crew resource management/OR decision-making, patient transfer decision and management, triage*

II - Complications of Labour & Delivery

Goals

Diagnose and treat complications of labour and delivery: dystocia of labour, obstetrical trauma, retained placenta, uterine inversion, antepartum, intrapartum and postpartum hemorrhage. The learner will gain additional experience and understanding of pregnancy and obstetrics. This builds on the foundations already acquired through a family medicine residency and family medicine practice.

Clinical presentations

- Labour dystocia
- Fetal distress
- Maternal shock
- Hemorrhage
- Cervical, vaginal, perineal lacerations and obstetrical trauma

Knowledge objectives:

1. Describe the stages of labour
2. Know the definition for dystocia of labour
3. Understand the physiology of fetal oxygenation
4. Know the different methods and indications for fetal surveillance in labour: intermittent auscultation, external electronic fetal monitoring, internal electronic fetal monitoring
5. Know the classification, signs and symptoms for mild, moderate and severe shock
6. Know the anatomy of the pelvis: pelvic bones, pelvic cavity, pelvic brim, pelvic floor, perineum, urethra, urogenital triangle, anal triangle, ischiocavernosus muscle, bulbospongiosus muscle, perineal body, superficial transverse perineal muscle, external and internal anal sphincter.

Draft Curriculum – Operative Delivery for Rural Family Physicians

Diagnostic objectives:

1. Know how to use a partogram
2. Diagnose labour dystocia
3. Identify the etiology of labour dystocia:
 - a. Power: contractions, maternal expulsive efforts
 - b. Passenger: fetal position, attitude, size, abnormalities
 - c. Passage: pelvic structure, soft tissue factors
 - d. Psyche: pain, anxiety
4. Know how to classify a fetal heart tracing: normal, atypical, abnormal
5. Recognize hemorrhage and diagnose shock
6. Identify the etiology of antepartum and intrapartum hemorrhage: placenta previa, placenta accrete, placenta abruption, vasa previa
7. Identify the etiology of postpartum hemorrhage: Tone, Trauma, Tissue, Thrombin
8. Recognize obstetrical trauma, including uterine rupture, uterine inversion and assess the degree of perineal laceration

Management objectives:

1. Manage dystocia of labour
 - a. recognize latent phase of labour vs dystocia in active labour
 - b. know when to recommend augmentation with oxytocin
 - c. know when to perform an amniotomy
 - d. know when to recommend an epidural
 - e. know when to recommend a caesarian section
2. Manage an atypical or abnormal fetal tracing
 - a. Implement obstetrical resuscitation
 - b. Know when to observe vs recommending a caesarian section/operative vaginal delivery
3. Manage hemorrhage
 - a. Prevent postpartum hemorrhage by implementing active 3rd stage of labour
 - b. Implement maternal resuscitation
 - c. Correct uterine tone
 - d. Remove retained products of conception
 - e. Repair laceration to cervix, vagina and perineum
 - f. Manage abnormality of coagulation, while preparing for transfer

Draft Curriculum – Operative Delivery for Rural Family Physicians

Procedural objectives:

1. Perform a cesarian section
2. Perform a vacuum-assisted vaginal delivery
3. Perform a low forceps
4. Repair 1st, 2nd, 3rd, 4th degree perineal tears
5. Perform a D&C in a post-partum uterus
6. Repair an intra operative bladder injury
7. Perform a manual removal of a retained placentas

Unanticipated findings and complications objectives:

1. Identify high obstetrical risk and arrange for safe transfer to appropriate level of care
2. Identify patients at risk for a caesarian hysterectomy and have them deliver in a tertiary care center
3. Be prepared to perform a hysterectomy or caesarian hysterectomy
4. Fetal death: show empathy, identify appropriate work-up or refer for work-up
5. Maternal death: understand the implications of an obstetrical catastrophe

Learning activities

The learner will work on the obstetrical ward for 6 months. He/she will be responsible for the obstetricians' patients under guidance from the respective obstetrician. The learner will do the consultations from the family physicians and review them with the obstetricians.

The learner will attend the weekly presentations on an obstetrical topic and will be responsible for presenting to these meeting once or twice a month.

The learner will present at grand rounds on an obstetrical or surgical topic.

The learner should have performed 50 c-sections by the end of their training.