

Obstetrics and Gynecology: NICU and OB Anesthesia Rotation Objectives (Foundations)

CanMEDS Framework: [Medical Expert](#), [Communicator](#), [Collaborator](#), [Leader](#), [Health Advocate](#), [Scholar](#), [Professional](#)

NICU Experiences

1. Neonatal Resuscitation Provider course
2. Neonatal consult service with neonatologist of the week
3. Member of the resuscitation team: attending resuscitations
4. Four call shifts with the NICU resuscitation team spread over the entire block

Learning Objectives

On completion of this rotation, the R1 OBGYN resident will have basic Neonatal resuscitation skills and be able to:

1. Perform a focused clinical assessment of the neonate
2. Apply knowledge of the physiology of the neonate adaptation to extrauterine life
3. Perform basic neonatal resuscitation
4. Recognize when a neonate needs additional resuscitation
5. Recognize urgent problems that need the involvement of more experienced colleagues and seek their assistance
6. Work effectively with other members of the health care team
7. Communicate effectively with the parent(s)

OBSTETRIC ANAESTHESIA Experiences

1. Shadow the Anesthetist on the Labour and Delivery Unit
2. Attend C-sections
3. Assist in neonatal resuscitation at C-Section
4. Attend PAC consults for pregnant patients
5. **NOTE:** there is no expectation that the resident will be performing epidurals or intubations

Learning Objectives

By the end of the OB anesthesia rotation, the R1 OBGYN resident is expected to:

1. Perform a focused pre-operative history and physical examination
2. Understand the (contra)indications, methods, anatomy and complications of procedures in the gravid patient including oral intubation, spinal and epidural anesthesia
3. Understand the (contra) indications and complications of medications in the gravid patient including analgesics, opiates, neuromuscular blocking agents, sedatives and local anesthetics
4. Understand the physiologic changes in pregnancy related to airway and ventilation
5. Use the "language" of anesthesia and effectively communicate with members of the anesthesia team

Rotation Information

Rotation Contact

NICU: Melissa Meaver
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780-735-5179

Location: DTC 5027, RAH site

OB Anaesthesia:
Adrian Koziak
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Location: Royal Alexandra Hospital
(LHHW)

NICU Reading Material:

<https://sites.google.com/a/ualberta.ca/pediatric-education-external-learners---neonatal/resources-for-learners>

OB: Anaesthesia

Rotation duration: 1 Block
2 weeks on NICU followed by 2 weeks on OB Anesthesia

Call expectations: Four shifts in NICU spread over the 4 weeks

Assessment:

EPAs as below
Longitudinal assessment on NICU

EPAs

During this rotation, the following EPAs could be achieved:

Obstetrics and Gynecology

CD 1 Complex preconception or antenatal care to women with high-risk pregnancies

CLA CanMEDS Longitudinal Assessment (Single preceptor)
Should be completed by the preceptor at the end of each week (NICU)

Surgical Foundations

TD3 Documenting clinical encounters

TD4 Demonstrating handover technique

FD1 Management of critically ill patient

FD2 Inserting central line

FD3 Preop risk optimization

FD 4 Providing risk assessment and management for preoperative patients in preparation for surgery

FD5b Participating in a team

Versions	Approved at RPC Meeting
Original September 17, 2021	