**Maternal Fetal Medicine**

**BC Women’s Hospital and Health Center**

**Rotation Manual**

# DESCRIPTION

BC Women’s Hospital and Health Centre is a tertiary care facility that specializes in a broad range of women’s health issues. It is one of the largest maternity care centres in Canada with over 7,000 deliveries each year and houses the largest neonatal intensive care unit in BC. The BCWH inpatient maternity centre is composed of labour and delivery (which includes a high acuity unit), antepartum, and postpartum wards. The MFM rotation is an elective rotation for the LMPS Pharmacy Practice Residency Program focusing on providing pharmaceutical care on a 4 bed high acuity unit (HAU) for critically ill antepartum/postpartum women, a 12 bed antepartum/postpartum unit (Fir Square) for substance abusing women and their newborns and a 12 bed antepartum unit (Evergreen Square) for women with high risk pregnancies. These units are staffed by obstetricians, perinatologists, internists, family physicians, paediatricians, reproductive psychiatrists, nurses, pharmacists, dieticians, social workers, and medical residents/students. During this rotation the resident will have the opportunity to integrate with the multidisciplinary team and be primarily responsible for providing pharmaceutical care and education to the patients and staff on these units.

# GOAL

The resident will develop the knowledge and organizational and clinical skills required to provide pharmaceutical care to hospitalized obstetric patients. By the end of the rotation, the resident should be able to function effectively and independently providing pharmaceutical care to women in the antepartum and postpartum period.

# LEARNING OBJECTIVES

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care Rotation Assessment of the Resident form.

# ROTATION-SPECIFIC OBJECTIVES

1. Discuss changes in pregnant and postpartum women that may alter medication pharmacokinetics/pharmacodynamics and be able to apply this information to individual patient’s drug therapy plan.
2. Demonstrate the ability to appropriately assess the safety of medication use during the

various stages of pregnancy and lactation using available resources and literature review.

1. Discuss the risks and benefits of medications used in detox and harm reduction during pregnancy and lactation.
2. Demonstrate the ability to integrate/apply their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the following

disease states/processes in the pregnant/postpartum patient through patient care work- ups and activities, therapeutic discussions and literature review:

* + Routine prenatal care
	+ Preterm labour
	+ Preterm premature rupture of membranes
	+ Pregnancy induced hypertension
	+ Preeclampsia/eclampsia
	+ Infectious disease in pregnancy:

|  |  |  |
| --- | --- | --- |
|  | o o | Vulvovaginitis GBS |
| o o | UTIHSV |
| o o o | STIsChorioamnionitis Endometritis |
| o o | SepsisHIV |
|  | VTE |  |

* + Nausea and vomiting
	+ Gestational diabetes
	+ Pain control
	+ Hypothyroidism/hyperthyroidism
	+ PPH

# RESIDENT’S OWN OBJECTIVES

Residents will identify several of their own learning objectives for the rotation. These should be documented in their ePortfolio prior to the start of the rotation, discussed with the preceptor on day 1 of the rotation and assessed at the various evaluation points throughout the rotation.

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# REQUIRED ACTIVITIES

The resident will:

1. Attend and participate in daily interdisciplinary rounds on the high acuity unit (HAU).
2. Attend and participate in daily interdisciplinary rounds on Fir Square.
3. Provide pharmaceutical care to all assigned patients on the ward(s) as per the objectives above. The resident’s patient load will be determined based on the resident’s previous

experience and proficiency and will be modified at the discretion of the preceptor.

1. Conduct best possible medication histories for all patients under their care.
2. Provide medication counselling and education for all patients under their care as appropriate.
3. Meet with the preceptor briefly every morning to triage and identify patients for work-up.
4. Meet with the preceptor daily (for 1 to 2 hours) to present completed patient work-ups and discuss any patient-related issues, therapeutic controversies, and specific topics.
5. Discuss all written notes and recommendations with the preceptor prior to implementation, unless previously arranged with the preceptor.
6. Prepare/review two to three therapeutic topics per week by completing any assigned pre- readings and reviewing any associated pharmacotherapy or therapeutics. Topic discussions should be incorporated into the resident’s daily patient discussions with the preceptor. Didactic discussions are optional.
7. Prepare and deliver one journal club, nursing in-service or case presentation for the pharmacy staff at pharmacy education sessions.
8. Attend other weekly pharmacy education sessions and/or presentations.
9. Complete and submit any relevant procedure logs to the preceptor via one45 during the course of the rotation. Please see <http://www.vhpharmsci.com/residency/resources/procedure_logs.html>for further details.
10. Other activities as assigned by the preceptor.

# COMMUNICATION EXPECTATIONS

1. The resident will discuss all recommendations with the preceptor prior to implementation, unless otherwise arranged with the preceptor.
2. The resident will discuss all written chart notes with the preceptor prior to placing them in the chart, unless otherwise arranged with the preceptor.
3. The resident will notify the preceptor in advance (ie: prior to the start of the rotation) of all required off-site activities and absences during the rotation.
4. The resident is encouraged to provide on-going, daily feedback to the preceptor to assist in enriching his or her own learning experience throughout the course of the rotation.

# PRECEPTOR RESPONSIBILITIES

The preceptor will:

1. Meet with the resident at the beginning of the rotation to discuss the goals and objectives of the rotation and work with the resident to develop a schedule for all rotation-specific activities and therapeutic discussions.
2. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
3. Introduce the resident to the pharmacy department, ward, and health care team that the resident will be working with.
4. Meet with the resident briefly every morning to triage and identify patients for work-up.
5. Meet with the resident daily (for 1 to 2 hours) to discuss and review all patients under the resident’s care, incorporating clinical and therapeutic topic discussions at least 2-3 times per week.
6. Be available to the resident in person or by phone at all times during the rotation.
7. Assist the resident in selecting their topic for journal club/case presentation/other activities and scheduling a presentation date and time with the department.
8. Provide informal feedback to the resident on their performance on a daily basis.

# EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at

<http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

1. The resident will receive a written, formative evaluation at the midpoint of the rotation.

This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.

1. The resident will receive a written, summative evaluation at the end of their rotation. This evaluation will take into account the rotation-specific objectives and the resident’s own learning objectives.
2. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
3. The resident will provide written evaluations of both the preceptor and the rotation and complete a written self-evaluation prior to the last day of the rotation.
4. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

# REQUIRED READING & RESOURCES

The preceptor will provide any required pre readings one week prior to the rotation start day and throughout the rotation.