## Obstetrics & Gynaecology Placement: Quick Guide

The UWE Physician Associate Obstetrics & Gynaecology placement consists of a total of **90 hours**, in which the PA student should spend time on the Early Pregnancy Assessment Units, Obstetric wards, Delivery suites, Gynaecology clinics, and in Gynaecology theatres.

Students will typically undertake their Obstetrics & Gynaecology placements in their second year of training and will be expected to learn about topics including (but not limited to)

Obstetrics-specific Placement Learning Outcomes:

**KNOWLEDGE**

***By the end of their training/placement, a PA would need to know about?***

**Early Pregnancy Care (Early Pregnancy Clinic):**

* Understand the principles of first trimester miscarriage management
* Understand of the risk factors associated with ectopic pregnancy and the recognition and management of a woman with a suspected ectopic pregnancy
* Recall safe prescribing throughout pregnancy

**Antenatal Care (Antenatal Clinic, Obstetric Ultrasound and Obstetric Wards):**

* Understand the principles of routine antenatal care in a low risk pregnancy
* Be able to identify factors in pregnancy or in the previous medical history of a pregnant woman, which are associated with a higher risk of complications during the antenatal, intra- partum or postnatal period
* Understand the recognition and principles of management of ectopic pregnancy and the acute

recognition and management of ruptured ectopic pregnancy

* Understand the effects of common pre-existing medical conditions on a pregnant woman and the foetus, and how pregnancy can affect the medical condition (Heart Disease, Diabetes, Hypertension, Asthma, Epilepsy, Inflammatory Bowel Disease, Obesity)
* Define the routine ultrasound screening tests that are offered to all pregnant woman
* Define the indications for obstetric ultrasound (non-routine)

**Intra-partum Care (Central Delivery Suite, Caesarean Section Triage):**

* Define the stages of labour understand how a low risk labour is managed
* Understand the clinical recognition and be aware of the principles of management of pre- eclampsia, small for gestational age foetus and obstetric cholestasis
* Understand the aetiology, clinical recognition and be aware of the principles of management of common complications of labour (antepartum haemorrhage, abruption placenta, prolonged rupture of membranes, premature labour, slow progress, breech presentation and foetal distress)
* Understand the indications for, and the process of, an induced labour and a caesarean

delivery

* Recognise the clinical features and be aware of the principles of management of common Obstetric emergencies (shoulder dystocia, eclampsia, post-partum haemorrhage and cord prolapse)

**Postnatal Care (Central Delivery Suite, Obstetric Wards and Urogynaecology Clinic):**

* Understand the principles of common postnatal care involving perineal care, bladder care, pelvic floor exercises and post Caesarean section care
* Recognise the types of trauma on the pelvic floor organs with both the short and long-term complications
* Understand the normal and pathological aspects of the puerperium including lochia, lactation and sepsis
* Recognise and understand the principles of management of long-term complications of Obstetric trauma on the pelvic organs (utero-vaginal prolapse, urinary and faecal incontinence and perineal pain)

**SKILLS**

***By the end of their training/placement, a PA would need skills in?***

* Recognise the critically ill pregnant patient and initiate resuscitation measures whilst liaising promptly with a senior doctor and obstetrician
* Take a valid history from a pregnant patient Examine a pregnant patient competently Produce a valid list of differential diagnoses Initiate treatment if appropriate
* Understand and be able to implement an appropriate safety netting plan on discharge

**ATTITUDES**

***By the end of their training/placement a PA would need to have attitudinal, higher and organisational learning in?***

* Recognise the importance of thrombo-embolic complication of pregnancy Communicate with obstetric teams throughout the diagnostic and management process
* Discuss care with a senior promptly
* Awareness of how a ‘Physician-PA’ team can work in practice and how PAs can function within multi-professional teams
* Awareness of the PAs professional and clinical competence boundaries in order to work most effectively under supervision and with upmost safety for the patient Understand and recognise how workload, time management and organisation

Gynaecology-specific Placement Learning Outcomes:

**KNOWLEDGE**

***By the end of their training/placement, a PA would need to know about?***

* Understand the aetiology, risk factors, clinical recognition and management of common gynaecological problems
* Understand, recognise, and be able to initially manage (including appropriate referral) the common ‘red flag’ presentations in important gynaecological conditions Be able to recognise and understand the principles of management of premenstrual syndrome
* Recognise and understand the principles of management in common conditions involving the uterus
* Recognise and understand the principles of management in common conditions involving the cervix
* Recognise and understand the principles of management in common conditions involving the vagina and vulva
* Recognise and understand the principles of management in common conditions

**SKILLS**

***By the end of their training/placement, a PA would need skills in?***

* Take a valid gynaecological history
* Perform a competent gynaecological examination, including speculum examination
* Produce a valid list of differential diagnoses
* Initiate treatment and referral if appropriate
* Understand and be able to implement an appropriate safety netting plan on discharge

**ATTITUDES**

***By the end of their training/placement a PA would need to have attitudinal, higher and organisational learning in?***

* Recognise the importance of maintaining privacy and dignity in all interactions with patients in a gynaecology setting
* Communicate clearly and comprehensively with Gynaecological teams throughout the diagnostic and management process
* Awareness of how a ‘Physician-PA’ team can work in practice and how PAs can function within multi-professional teams
* Awareness of the PAs professional and clinical competence boundaries in order to work most effectively under supervision and with upmost safety for the patient
* Understand and recognise how workload, time management and organisation influences performance and patient care
* Understand and recognise strengths and learning challenges with personal clinical experiences

Placement Assessments:

On placement, students are required to maintain a yearly portfolio of evidence. This is a pass/fail assessment marked by the programme team and contains a record of formative learning experiences, student reflections, and end of rotation supervisor sign offs. **Students are required to ensure signature verification is completed by all assessors/supervisors.**

Supervisors should meet with the students at the start of the rotation and then again at the end to perform a formative end of placement review (this contains a review of all rotation tasks and multisource feedback):

**OBSTETRICS & GYNAECOLOGY PLACEMENT: TASKS FOR COMPLETION:**

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| **Minimum Tasks Required** | **Context** |
| Start of placement meeting | Set learning plan/goals with student. |
| **2** Mini-CEXs | Observation with detailed feedback to student focusing on development, as per form. |
| **2** Case-based discussions | Discussion with feedback to student for development, as per form. |
| **2** Multisource feedback | Focus on feedback and professional development from MDT. |
| End of placement supervisor review with student | Meeting with student to review placement progress and personal and professional development, focusing on feedback and areas for further development, as per form. |