

**Maternal Fetal Medicine (MFM)**

**Surrey Memorial Hospital**

**Rotation Manual**

# DESCRIPTION

The MFM rotation is an elective rotation of the LMPS Hospital Pharmacy Residency program specializing in maternal-fetal medicine. The unit in which the Resident will work is a 45-bed maternity unit staffed by obstetricians, perinatologists, family physicians, midwives, perinatal nurses, pharmacists, physiotherapists, social workers, and medical students/residents. The Resident will have the opportunity to interact with the multidisciplinary antepartum team during rounds and when providing pharmaceutical care to postpartum patients. In addition, the Resident will collaborate with outpatient services, such as the Nausea and Vomiting of Pregnancy and Diabetes in Pregnancy Clinics.

# GOAL

The Resident will develop the organizational and clinical skills required to provide pharmaceutical care to hospitalized obstetric patients. The Resident should be able to effectively provide pharmaceutical care to patients in the Family Birthing Unit and provide advice to care providers for perinatal patients admitted to other services as consulted.

# 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-](http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes) [outcomes](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. Demonstrate the ability to integrate/apply their knowledge, including the pathophysiology, clinical presentation, therapeutics and associated pharmacotherapy, of the following disease states/processes through patient care work-ups and activities, and therapeutic discussions:
   * Nausea & Vomiting of Pregnancy

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* + - Preterm labour (TPTL)
    - Preterm Premature Rupture of Membranes (PPROM)
    - Group B Streptococcus – prevention and treatment
    - Hypertensive disorders of pregnancy
    - Infections in pregnancy e.g. UTI, BV, influenza, chorioamnionitis, endometritis

# 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.

1.

2.

3.

# REQUIRED ACTIVITIES

The resident will:

1. Provide pharmaceutical care to all assigned patients on the ward as per the objectives above. The resident’s patient load will be determined based on the resident’s previous experience and competence and will be modified at the discretion of the preceptor.
2. Conduct best possible medication histories for all patients under their care.
3. Provide discharge medication counselling and education for all patients under their care, facilitating seamless care by liaising with other pharmacists, physicians, BC Pharmacare, etc. as appropriate.
4. Meet with the preceptor briefly every morning to triage and identify patients for work-up.
5. 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.
6. Discuss all written notes and recommendations with the preceptor prior to implementation, unless previously arranged with the preceptor.
7. Prepare/review two to three therapeutic topics per week by completing any assigned pre- readings and reviewing any associated pharmacotherapy or therapeutics. Topic discussions will be incorporated into the resident’s daily patient discussions with the preceptor when applicable.
8. Prepare and deliver one journal club and either give one presentation to a group of health care providers OR complete one project (e.g. patient hand out, physician education document, policy document). To be assigned by preceptor during first week.
9. Attend other weekly pharmacy education sessions and/or presentations.
10. Complete and submit any relevant procedure logs to the preceptor via one45 during the course of the rotation. Please see [http://www.lmpsresidency.com/residents/resident-](http://www.lmpsresidency.com/residents/resident-manual/procedure-logs) [manual/procedure-logs](http://www.lmpsresidency.com/residents/resident-manual/procedure-logs) for further details.
11. Attend weekly OBGYNE/NEO grand rounds

**GENERAL STRUCTURE OF THE ROTATION –** *Resident specific calendar sent one week prior to rotation*

**Monday Tuesday Wednesday Thursday Friday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Orientation | OBGYNE Grand rounds 7:30  8:00 rounds Therapeutic discussion | 8:00 rounds Therapeutic discussion | 8:00 rounds | 8:00 rounds Therapeutic discussion |
| 8:00 rounds | OBGYNE Grand rounds 7:30  8:00 rounds Therapeutic discussion | 8:00 rounds | 8:00 rounds Therapeutic discussion | 8:00 rounds Midpoint Evaluation |
| 8:00 rounds | OBGYNE Grand rounds 7:30  8:00 rounds Therapeutic discussion | 8:00 rounds | 8:00 rounds  Presentation | 8:00 rounds Therapeutic discussion |
| 8:00 rounds | OBGYNE Grand rounds 7:30  8:00 rounds Therapeutic discussion | 8:00 rounds | 8:00 rounds  Project Due | 8:00 rounds  Final Evaluation |

**Week 1**

**Week 2**

**Week 3**

**Week 4**

# COMMUNICATION EXPECTATIONS

1. The resident will discuss all recommendations with the preceptor prior to implementation.
2. The resident will discuss all written chart notes and documentation with the preceptor prior to placing them in the chart, including medication histories and allergy clarifications.
3. The resident will notify the preceptor in advance (i.e.: prior to the start of the rotation) of all required off-site activities (e.g.: ADS, BC Wide case presentations, etc.) 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. Provide resident with rotation schedule and pre-readings week prior to rotation via email
2. Meet with the resident on day 1 of the rotation to discuss the goals and objectives of the rotation and work with the resident to finalize the schedule for all rotation-specific activities and therapeutic discussions.
3. Clearly communicate expectations of the resident at the start of the rotation and throughout the rotation as required.
4. Provide the resident with a brief orientation and introduction to the pharmacy department, ward, and health care team.
5. Meet with the resident briefly every morning to triage and identify patients for work-up.
6. 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.
7. Be available to the resident in person or by phone at all times during the rotation.
8. Schedule a presentation date and time with the department and assist the resident in selecting their topic for their journal club/nursing in-service/case presentation or project during the first week of the rotation.
9. Review and provide feedback on any relevant procedure logs submitted by the resident via one45 during the course of the rotation.
10. Provide informal feedback to the resident on their performance on a daily basis, and complete and discuss all required written evaluations with the resident by the completion of the rotation.

# EVALUATION PROCESSES

Guidance on Evaluation Policies and workflow are available at

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

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.
2. 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.
3. The resident will receive continuous feedback throughout the rotation and this will be considered part of the evaluation process.
4. 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.
5. The preceptor and resident will discuss their respective evaluations in person at midpoint and on the last day of the rotation.

# REQUIRED READING & RESOURCES

**Before & during rotation:**

Preceptor will provide all required readings prior to and throughout rotation via email.