Included in this package are the evaluation tools and general objectives for the core rotations included in the fellowship program.

Trainees are asked to meet with clinical supervisors at the beginning of rotations to review the enclosed objectives.

At the end of each rotation, the trainee should meet with the supervisor to arrange discussion of performance and completion of the evaluation of faculty and trainee. Both parties should sign the evaluation form.

Completed fellow/ Resident evaluation forms and faculty evaluation forms must be returned to:
Dr. Enas Al-Yaseen
Dept of Medicine, Al-Amiri hospital
First year rotations at Al-Adan & Al-Amiri hospital

<table>
<thead>
<tr>
<th></th>
<th>Dec/Jan → Nov/Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>General Obs-Medicine OPD + in patient consult.</td>
</tr>
</tbody>
</table>

Second year rotations:

<table>
<thead>
<tr>
<th>Jan-Feb</th>
<th>Mar-Apr</th>
<th>May</th>
<th>June-July</th>
<th>August-Sep</th>
<th>Oct-Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2</td>
<td>diabetes</td>
<td>Hematology at MKH</td>
<td>OBS-Med OPD</td>
<td>Nephrology at Adan</td>
<td>Research/elective</td>
</tr>
</tbody>
</table>

N.B. A 1-2 month high-risk obstetric rotation will be incorporated into the rotation schedule in the near future.

Note that date of rotations might change according to staff & elective availability.
**General principals & objectives:**

The approach to management of medical problems in the pregnant patient must incorporate an understanding of the following:

1. Duality of patients

   There are two patients - the mother and the baby. Management decisions therefore must be made in the context of balancing the risks and benefits for each.

2. Maternal Considerations
   a. The physiological and anatomical changes of normal pregnancy have potential consequences for women with medical disorders, for example the development of cardiac failure in late pregnancy or the peripartum period in a woman with severe mitral stenosis. Another example is the increased risk of thromboembolic disease which pregnancy carries for women with thrombophilia of any cause.

   b. The pregnancy itself may be associated with an increased risk of exacerbation of the disease (and also remission of some disorders such as rheumatoid arthritis). There is considerable evidence for a predictable decline in renal function, for example, in women with severe renal insufficiency during and after pregnancy. Pregnancy worsens control of diabetes, exacerbates porphyria, precedes puerperal flares of thyroid disease and SLE, and often destabilizes epilepsy until drug therapy is adjusted. These are all examples of medical conditions whose course is altered by gestation.

   c. The medical condition may predispose the woman to specific pregnancy complications not seen in non-pregnant individuals, such as the development of superimposed pre-eclampsia occurring in women with essential hypertension.

   d. Pregnancy may have an adverse long term effect on the natural history of the medical condition, such as in the case of diabetic nephropathy where evidence suggests that the decline in renal
function may be accelerated by pregnancy, particularly with the cessation of ACE inhibitor therapy.

3. Fetal Considerations

All medical disorders in pregnancy are potentially of significance to the developing fetus, and many modalities of investigation and treatment carry implications for the fetus.

a. The disease itself may affect the fetus, as in the case of diabetes mellitus, and anti-phospholipid syndrome.

b. There may be abnormalities associated with the disease, of little significance to the mother; which are pathogenic to the placenta or baby. An example would be the presence of anti Ro (S SA) antibody which is associated with congenital complete heart block in the fetus. A second example would be the presence of thyroid stimulating antibody in a woman with treated Graves' disease, which may cause illness in the baby even years after the disease ceased to be a problem for the mother.

c. A number of medical conditions are associated with placental insufficiency, thereby jeopardizing fetal well-being and growth e.g. renal disease, essential hypertension, anti-phospholipid syndrome.

d. Many disorders have a genetic component, and carry the possibility that the baby will develop problems later in life, such as polycystic renal disease.

e. Metabolic disorders in the gravid female, such as calcium aberrations, hyperglycaemia, hyperphenylalaninaemia, all require assiduous attention during gestation to avoid problems for the fetus during the pregnancy, or in later life.

f. There is considerable recent evidence that the intra-uterine environment may be a major contributor to long term health of the individual. It appears, for example, that poor growth of the fetus and placenta may be reflected, many decades later, in an increased risk of hypertension and coronary heart disease for that individual. Also, gestational diabetes has now been associated with an increased risk
of diabetes before age 20 in the offspring of that pregnancy. Thus, medical and obstetric measures taken to improve maternal health, nutrition, and control of disease are probably of very long term benefit to individual health, as well as to general health status of the community in future generations.

4. Medical Disorders Specific to Pregnancy.

There are a number of medical disorders seen only in pregnant individuals. These include pre-eclampsia, acute fatty liver of pregnancy, cholestasis of pregnancy, herpes gestationis, amniotic fluid embolism, cardiac complications of tocolytic therapy and peripartum cardiomyopathy.

It is incumbent upon the Physician who aspires to deal with these patients to gain as much experience as possible in these conditions. It is most unlikely that training in the usual round of medical specialty rotations will provide the necessary experience. Most Physicians will see a very limited number of pregnant patients each year and be inadequately equipped to deal optimally with many of the above problems, although clearly the intellectual approach based on their sound clinical training will allow most Physicians to be able to provide useful assistance to their Obstetric colleagues.
Recommended Textbooks

- de Swiet’s Medical Disorders in Obstetric Practice, 5th edition, Wiley-Blackwell

-Nelsen-Peircy’s Handbook of Obstetric Medicine, Third Edition, Informa Healthcare

- Lee, Rosene-Montella, Barbour, Garner, Keely Medical Care of The Pregnant Patient, ACP

- Briggs, Freeman, Yaffe Drugs in Pregnancy and Lactation, 9th Edition, LWW.
Obstetric-Medicine Rotation Objectives:

a- Ambulatory (outpatient clinics):

Medical expert:
During the rotation, the fellow will demonstrate proficiency in:
- Understanding the normal physiology in pregnancy & how it is related to some symptoms in pregnant women.
- Assessment of patients presenting complaint.
- Describe the optimal management that can be provided to these patients.

Communicator:
The fellow will be able to:
- Obtain and document the relevant medical history and physical examination thoroughly and efficiently
- Develop communication skill in ambulatory Obstetric-medicine to benefit the patient, the obstetrician & other members of the health care team.
- Demonstrate the ability to discuss the risks & benefits of the various management plans and medications relevant to the patients.

Collaborator:
The fellow will be able to:
- Be aware of the role of contribution of each member of the ambulatory care team to patient care.
- Work with the obstetrician and other members of the health care team to ensure optimal patient assessment and preparation.
- Ask for help appropriately; recognize their limitations in knowledge and skills.

Manager:
The fellow will be able to:
- Consider health care resources when determining the patient’s antenatal and perioperative management plan.
- Acknowledge the difficulties and decision-making involved in utilization and allocation of finite health care resources.
- Demonstrate knowledge of the departmental guidelines for management of patients in the ambulatory setting.

Health Advocate:
The fellow will be able to:
- Understand the complex emotional effects of the illness on the patients and their family.
- Provide appropriate education and counseling to ensure patients are well informed and well prepared for their antenatal course.
- Encourage patients to optimize their health status.

Scholar:
The fellow will be able to:
- Teach the residents skills & knowledge for ambulatory care.
- Demonstrate ongoing review of policies and experts opinion with the goal of detecting areas of potential improvement.
- Critically evaluate the medical literature pertaining to obstetric medicine.

Professional:
The fellow will be able to:
- Demonstrate integrity and honesty when interacting with patients, families and other health care professionals.
- Be punctual, efficient and respectful at all times.

Evaluation:
- There will be continuous assessment and supervision to the fellows by the attending staff.
- A mid rotation evaluation form will be completed by the rotation coordinator or staff and discussed with the fellow.
- An end-of-rotation written evaluation form will be completed by both the fellow and the rotation-attending staff.
b- In-patients consultations:

Medical Expert/ Decision Maker:
During the rotation, the fellow will demonstrate proficiency in:
- Obtaining an appropriately complete and accurate obstetric-medicine history and physical examination.
- Knowing and applying appropriately the different physiological changes and adaptations occurring during pregnancy.
- Reaching an appropriate differential diagnosis and develops an appropriate management plan.
- Making appropriate use of lab investigations and incorporates results into management.
- Knowing the pathophysiology and clinical presentations of common medical illnesses in pregnancy (e.g. RHD, DM, SLE, HTN..etc) and manages them appropriately.
- Knowing the effect of chronic illnesses and medications on pregnancy & the effect of pregnancy on the diseases.

Communicator:
- Establishes a therapeutic relationship with patients and their families, listens and explains.
- Provide lucid, accurate organized case presentations to attending staff and colleagues.
- Prepares accurate, organized legible medical records.
- Asks sensible questions when appropriate.

Collaborator:
- Develops and maintains effective and collegial working relationships with colleagues and health care professionals.
- Contributes to team effectiveness through collaborative behavior.
- Consults with other physicians and health care professionals as appropriate to assist in proper patient management.

Manager:
- Uses available hospital resources (supplies, equipment.) efficiently and effectively with regards to principles of cost-effectiveness.
- Demonstrates effective personal time management skills and sets appropriate priorities.
Health Advocate:
- Identifies individual patient determinants of obstetric-medicine health and ill health.
- Knows and modifies as appropriate risk factors for potential complications in high-risk pregnancy.

Scholar:
- Develops and maintains an effective ongoing learning strategy, taking appropriate initiative in self-directed learning process.
- Knows and applies the principles of evidence-based obstetric-medicine.

Professional:
- Demonstrates integrity, honesty, compassion and respect for others.
- Applies ethical principles in recommending treatments and obtaining informed consent for diagnostic, investigational or therapeutic procedures.
- Knows personal limitations, shows insight and accepts appropriate advice and criticism.
- Observes appropriately personal and professional boundaries.
Off-Service Rotation objectives:

INDEX:

Obstetric-Medicine Off-service rotation objectives:

1- Diabetology
2- Hematology
3- Nephrology
4- Elective abroad (when available)
Off-Service Diabetology Rotation Objectives:

Medical Expert:
- Performs an appropriately complete and accurate medical history & physical examination related to diabetes and pregnancy.
- Makes appropriate use of lab investigations and incorporate results into management plan.
- Knows the pathophysiology & clinical presentation of common diabetes-related complication during pregnancy.
- Applies knowledge and skills appropriately to the care & assessment of patients with diabetes during pregnancy.
- Knows different treatment options available for diabetes treatment that can safely be used in pregnancy.

Communicator:
- Establishes a professional relationship with patient & her family, listens & explains.
- Provide lucid, accurate organized case presentations to diabetology consultant & colleagues.
- Prepares accurate, organized legible medical records.
- Asks sensible questions when appropriate.

Collaborator:
- Develops and maintains effective and collegial working relationships with colleagues & health care professionals.
- Contributes to team effectiveness through collaborative behavior.
- Consults with other physicians and health care professionals as appropriate to assist in proper patient management.

Manager:
- Uses available hospital resources (supplies, equipment, lab investigation..) efficiently and effectively with regards to principle of cost-effectiveness.
- Demonstrates effective personal time management skills and sets appropriate priorities.

Health Advocate:
- Knows and modifies as appropriate risk factors for high-risk pregnancy.

Scholar:
- Develops and maintains an effective ongoing learning strategy, taking appropriate initiative in self-directed learning.
- Demonstrates appropriate critical appraisal skills in analyzing the obstetric-medicine literature.
- Knows and applies the principles of evidence-based obstetric-medicine.

Professional:
- Demonstrates integrity, honesty, compassion and respect for others.
- Applies ethical principles in recommending treatments and obtaining & documenting informed consent about diagnostic investigations and procedure.
- Knows personal limitations, shows insight and accepts appropriate advice and criticism.
- Observes appropriate personal and professional binderies.
Off-service Hematology Rotation Objectives:

Medical Expert:
During the rotation, the fellow will demonstrate proficiency in:
- Assessment of patients presenting with different hematological problems and eliciting proper history & physical examination and evidence-based medicine use of diagnostic tests.
- Understanding the rational and effective use of different types of anticoagulation medications in cases of antiphospholipids syndrome, venous thromboembolic events or valve replacement.
- Managing anticoagulation in the peripartum & perioperative period.

Communicator:
- Obtains a thorough and relevant history.
- Discusses the diagnoses, investigations and management options with staff, patients & their families.
- Communicates with members of other health care team.
- Communicates with the referring doctor/heath care team about the optimal management plan for the patient.

Collaborator:
During the rotation, the fellow will:
- Demonstrates proficiency in working effectively within the health care team.
- Demonstrates appropriate use of consultative services.
- Recognizes and respect the roles of other physicians, nursing staff and other health care members.

Manager:
During the rotation the fellow will:
- Oversees provision of care and implementation of decisions regarding patient care, including effective delegation of care roles.
- Understand the principles and practical application of health care economics and ethics of resource allocation.
- Utilizes health care resources in scientifically, ethically and economically defensible manner.
- Demonstrates effective time management to achieve balance between career and personal responsibilities.

Health Advocate:
During the rotation the fellow will be able to:
- Demonstrate the ability to adapt patient assessment and management based on health determinants.
- Recognize situations where advocacy for patients, the profession or society are appropriate and be aware of strategies for effective advocacy at local, regional and national levels.

Scholar:
During the rotation, the fellow will:
- Develop the knowledge and skills to be able to recognize and assess the extent of underlying hematological disease in pregnancy, in peripartum and perioperative patient.
- Demonstrate adequate knowledge of basic science relevant to patient care.

Professional:
During the rotation, the fellow will:
- Demonstrate integrity, honesty and compassion in delivery of the highest quality of care.
- Demonstrate appropriate personal and interpersonal professional behaviors.
- Develop and demonstrate use of a framework for recognizing and dealing with ethical issues in clinical and/or research practice including truth-telling, consent, conflict of interest and resource allocation.
Off-Service Nephrology Rotation Objectives:

Medical Expert:
- Performs an appropriately complete and accurate medical history & physical examination related to nephrology and pregnancy.
- Makes appropriate use of lab investigations and incorporate results into management plan.
- Knows the pathophysiology & clinical presentation of common renal-related complication during pregnancy.
- Applies knowledge and skills appropriately to the care & assessment of patients with renal disease during pregnancy.
- Knows different treatment options available for renal disease patients that can safely be used in pregnancy.

Communicator:
- Establishes a professional relationship with patient & her family, listens & explains.
- Provide lucid, accurate organized case presentations to nephrology consultant & colleagues.
- Prepares accurate, organized legible medical records.
- Asks sensible questions when appropriate.

Collaborator:
- Develops and maintains effective and collegial working relationships with colleagues & health care professionals.
- Contributes to team effectiveness through collaborative behavior.
- Consults with other physicians and health care professionals as appropriate to assist in proper patient management.

Manager:
- Uses available hospital resources (supplies, equipment, lab investigation..) efficiently and effectively with regards to principle of cost-effectiveness.
- Demonstrates effective personal time management skills and sets appropriate priorities.
Health Advocate:
- Knows and modifies as appropriate risk factors for high-risk pregnancy.

Scholar:
- Develops and maintains an effective ongoing learning strategy, taking appropriate initiative in self-directed learning.
- Demonstrates appropriate critical appraisal skills in analyzing the obstetric-medicine literature.
- Knows and applies the principles of evidence-based obstetric-medicine.

Professional:
- Demonstrates integrity, honesty, compassion and respect for others.
- Applies ethical principles in recommending treatments and obtaining & documenting informed consent about diagnostic investigations and procedure.
- Knows personal limitations, shows insight and accepts appropriate advice and criticism.
- Observes appropriate personal and professional binderies.