



APGO Milestone 1 Curriculum Outpatient Obstetrics

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This case incorporates the following Milestones:

OB 1: Antepartum Care and Complications of Pregnancy

- Demonstrates basic knowledge of normal obstetrical care and common medical complications seen in pregnancy

OB 3: Care of Patients in the Postpartum Period

- Demonstrates basic knowledge of normal postpartum care

OP 1: Family Planning

- Verbalizes basic knowledge about common contraceptive options

This case incorporates the following Entrustable Professional Activities (EPAs):

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 4: Enter and discuss orders and prescriptions

EPA 10: Recognize a patient requiring urgent or emergent care

This case incorporates the following Basic Clinical Skills (BCS) checklists: N/A

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Case:

Ms. Nora Adams is a 40-year-old G7P4115 who presented initially for care at 12 weeks of gestation. She had a normal first trimester ultrasound that confirmed dating, but did not have her labs done and never returned for a follow-up visit until now. She is now at 36-weeks gestation.

Outpatient Obstetrics

Take a complete history from this patient (OB 1) (EPA 1)

Learner Task: Obtain a complete history from this patient.

Educator Script: Provide the following patient history as asked by the learner:

HPI: She is feeling well and experiences positive fetal movement. Her pregnancy was complicated by advanced maternal age, grand multiparity, obesity, and diet controlled gestational diabetes.

PMH: HTN (no meds); AMA; obesity (pre-pregnancy height/weight was 64"/207 pounds)

PSH: none

P Ob Hx: 5 vaginal deliveries; 1 preterm due to hypertension; 1 spontaneous abortion

P Gyn Hx: no abnormal Pap tests; last Pap test 2 years ago; no sexually transmitted diseases; no endometriosis/fibroids; monthly menstrual cycles lasting 5 days

Medicines: none

Allergies: none

SH: no tobacco; no alcohol; married

FH: non-contributory

Review of systems: fatigued; no bleeding since delivery; denies skin changes/hair changes; no depression; no vaginal bleeding; no regular contractions; denies headaches, visual changes, epigastric pain; minimal symmetric lower extremity edema.

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Educator Checklist: HPI

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Introduces her/himself appropriately (first name, last name, medical student)		
Addresses patient as per patient preference		
Clarifies purpose of visit, asks if patient has any other concerns		
Washes hands correctly (before touching patient), uses sterile technique throughout visit		
Obtains accurate obstetric history: number of deliveries, mode of delivery, gestational ages, any complications		
Obtains accurate gynecologic history: menarche/duration/frequency, first coitus, STIs, abnormal Pap tests, gynecologic surgery or problems, sexual orientation, lifetime partners, problems with intercourse		

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	Included =1	Not included =0
Obtains accurate review of systems for chief complaint: typical pregnancy symptoms, contractions, leaking fluid, bleeding, fetal movement. Also includes the following pertinent review of systems: headache, edema, RUQ or epigastric pain, visual changes.		
Obtains accurate past medical history		
Obtains accurate surgical history		
Obtains accurate medication use, asks about over the counter and herbal supplements		
Obtains accurate allergy history (ideally about food allergies, too)		
Obtains accurate family history		
Obtains accurate social history including smoking, alcohol use, drug use		

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Perform a focused physical examination on a pregnant patient (OB 1) (EPA 1)

Learner Task: Perform a focused physical exam on this patient.

Educator Script: Provide the following details of focused physical examination as asked by the learner:

Vitals: temperature 98.6° F; BP 149/96; HR 86; RR 18; oxygen saturation 97%

Height: 64 inches

Weight: 207 pounds

Skin: warm, dry; no rashes; no lesions.

Abdomen: no right upper quadrant tenderness; fundus soft, midline, non-tender; fundal height 31 cm.

Extremity exam: 3+ deep tendon reflexes, 1 beat clonus, 1+ pitting edema to mid-calf, symmetric

Vagina: no abnormal discharge; cervix 2 cm dilated/50% effaced, soft, mid position; sutures palpable; fetal head at -2 station; no evidence of ruptured membranes

Fetal heart tones: 140 bpm baseline; moderate variability; + accelerations; no decelerations; Category I

Educator Checklist: Physical Examination Checklist

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Vital signs: obtains vital signs and recognizes elevated blood pressure and elevated body mass index		

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	Included =1	Not included =0
Abdominal examination: checks for right upper quadrant tenderness, examines fundus and fundal height		
Obstetric examination: checks fetal lie, presence of fetal heart tones		
Extremity examination: checks for edema		
Neurologic examination: checks reflexes, checks for clonus, recognizes abnormalities		
Pelvic examination: performs external genital examination during group b beta streptococcus collection, examines cervix		

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Develop an initial problem list for this patient (OB 1) (EPA 2)

Learner Task: Develop an initial problem list.

Educator Checklist: Patient Problem List

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Advanced maternal age: recognizes age >35 at delivery is advanced maternal age and carries increased risk to pregnancy		
Poor prenatal care: recognizes that the patient's lack of visit since 12-week gestation carries increased risk to the pregnancy		
Hypertension: recognizes current blood pressure is abnormal, and recognizes patient's history of hypertension as a complication to the pregnancy		

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	Included =1	Not included =0
Obesity: recognizes the patient's obesity; recognizes that the obesity increases the risk to the pregnancy		
Fundal height less than expected: recognizes discrepancy in dating and fundal height		

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Order diagnostic tests (OB 1) (EPA 3) (EPA 4)

Learner Task: The nurse asks what tests you would like to order for the patient. Order the appropriate diagnostic tests.

Educator Checklist: Diagnostic Tests

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Urinalysis or urine dip		
Urine protein: creatinine ratio or 24 hour urine protein		
Complete blood count		
Metabolic profile/chemistry		
Liver function tests		
Blood type and antibody screen		
Syphilis screening		
HIV Screening		
Hepatitis Screening		
Gonorrhea/chlamydia screening		
Group B strep screening		
Rubella immunity testing		
Diabetes screening		

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	Included =1	Not included =0
Nonstress test or biophysical profile		
Ultrasound for fetal growth		

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Interpret diagnostic tests (OB 1) (EPA 10)

Learner Task: Identify additional problems found in the patient based on the diagnostic test results.

Educator Script: Provide the following diagnostic tests results to the learner (if ordered in the previous task):

Diagnostic Test	Result
Urinalysis or urine dip	3+ protein
Urine protein: creatinine ratio or 24-hour urine protein	Ratio: 0.6 24-hour urine: 531mg
Complete blood count	WBC=10.4, Hgb=8, HCT=25.1, platelets=101,000
Metabolic profile/chemistry	Na=142, Cl=106, K+=3.5, BUN=12, Cr=0.7, glucose=112
Liver function tests	AST=102, ALT=96
Blood type and antibody screen	A+, negative screen
Syphilis screening	negative
HIV screening	negative
Hepatitis screening	negative
Gonorrhea/chlamydia screening	negative
Group B strep screening	negative

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Diagnostic Test	Result
Rubella immunity testing	Immune
Diabetes screening (GCT or A1C)	GCT=122 A1C=5.6
Nonstress test or biophysical profile	reactive
Ultrasound for fetal growth	EFW=2183g (<10%ile), cephalic, AFI=13cm

Educator Checklist: Interpret Diagnostic Tests

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Anemia: recognizes low Hemoglobin/HCT		
Proteinuria: recognizes the protein: creatinine or 24-hour urine collections are abnormal		
Fetal growth restriction: recognizes the growth restriction		
Elevated liver function tests: recognizes elevated liver function tests		

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Develop a diagnosis (EPA 2) (EPA 10)

Learner Task: What is the diagnosis for this patient?

Correct diagnosis: Pre-eclampsia with severe features

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Identify risk factors for pre-eclampsia (OB 1) (EPA 10)

Learner Task: Identify risk factors for pre-eclampsia.

Educator Checklist: Risk Factors for Pre-Eclampsia

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Advanced maternal age		
Chronic hypertension		
History of pre-eclampsia		
Obesity		

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Develop a management plan for a patient with pre-eclampsia with severe features (OB 1)

Learner Task: Develop a management plan for a patient with pre-eclampsia with severe features.

Educator Checklist: Management of Pre-Eclampsia with Severe Features

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Admits to hospital		
Plans induction, delivery		
Plans seizure prophylaxis		
Recognizes importance of gestational age		

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Identify components of postpartum care (OB 3) (OP 1)

Learner Task: The patient ultimately delivers vaginally and returns for postpartum examination. Identify the components of her postpartum care that are important to address at the postpartum visit.

Educator Checklist: Postpartum Care of Patient with Pre-Eclampsia

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Depression screening: asks about signs or symptoms of depression		
Contraception: asks about sexual activity and contraception. Appropriately counsel patient about at least four appropriate contraception options, including sterilization and long-acting reversible contraception. Can include side effects, risks, and contraindications for all four.		

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	Included =1	Not included =0
Liver Function Tests: assess for persistent elevated liver function tests		
Breastfeeding concerns: asks about breastfeeding		
Physical recovery: asks about pain, vaginal bleeding, return of sexual activity		
Domestic violence: screens for domestic violence and safety		
Future pregnancy: discusses timing of future pregnancy, importance of appropriate spacing of pregnancies		
Blood pressure screening: assess for persistent elevated blood pressures		