How to Get the Most Out of Your OB/Gyn Rotation
and
Advice for Each Service at HUP

General Advice:
- Be on time
- On the Friday before you switch services, text page the chief resident on your next service to find out what time you should arrive on your first day. Please only contact residents during normal work hours (i.e., if the resident is on Night Float, s/he is sleeping during the day).
- Introduce yourself to the chief resident on your service as soon as you arrive.
- Introduce yourself to all the other residents on your service.
- Introduce yourself to the attendings, nurses, and scrub techs in all your cases.
- Expect things to be hectic at all times. Be interested and engaged and look for opportunities to participate and follow patients. If you wait to be invited, you will miss out on clinical experiences.
- Please do not sit at the main resident’s desk in the L&D lounge or postop areas and read. Access to this area is important for the residents. Read somewhere else if there is absolutely nothing else to do and you can sew and tie knots like a champ. Want to practice knot tying and suturing? Ask a resident to help obtain materials for you.
- Be sure to introduce yourself to the patients if you expect to participate in their care.
- The more closely you follow your patients and the more interested and helpful you are, the more you will learn and the more deliveries and procedures you will do!
- The students who get to “do” the most things are often the ones who ask to do them. There is no harm in asking to perform a pelvic exam, cervical check, or suturing. If it’s not an appropriate time or patient, you’ll be informed of that, but we will try to find another opportunity for you to try.
- Practice writing progress notes – in QS for L&D patients, on paper for Gyn service patients. You can never practice your SOAP note format too much!
- Learn how to write admission orders – this is applicable to any field of medicine, and while electronic systems like Sunrise make it easy, you should still know the “ADCVANDIML” acronym in case of computer downtime.
- Learn how to write prescriptions. You can write the prescriptions for your postpartum and postop patients and ask your resident or attending to sign them.

OBSTETRICS / L&D / NIGHT FLOAT

Read About: Fetal heart tracings, normal labor curves, preterm labor, premature rupture of membranes, pre-eclampsia, postop/postpartum fever, all the interesting diseases and complications you see

Who’s Who:
- Chief resident: Oversees all the other residents. Your first point person when you start. Oversees most vaginal deliveries and C-sections, with a junior resident.
- Third year: Oversees the postpartum patients. If you have a question about a postpartum patient you rounded on, talk to the third year.
- Second year: Your main point person while on L&D. Runs the L&D board, is responsible for all the laboring patients. Be sure to follow the second-year resident to do labor checks and cervical checks. Also does most C-sections.
- Intern: In charge of the postpartum patients. Tries to attend as many vaginal deliveries and C-sections as possible.
- Anyone: Sees patients in the Perinatal Evaluation Center (PEC, aka triage). You can see patients in the PEC as well; it’s an ED for pregnant patients, so if you like ED-type visits, this is for you!
- MFM Fellow: Helps to manage the board along with the residents; also in charge of the antepartum service.
• Midwife: Helps to manage the board, and specializes in the care and management of low-risk vaginal deliveries. If there’s not a midwife student, you are welcome to work with the midwife as well; just ask!

• Attendings: Two attendings on L&D at all times, either a generalist OB/Gyn or an MFM. The attendings can also provide guidance about which patients’ care to participate in.

What Should I Do?

• Meet all the patients (unless the resident tells you specifically not to meet a certain patient). Even if that patient is not one you are actively following for the shift, you never know what is going to happen, and you would hate to miss a delivery just because you never introduced yourself to the patient at the start of the shift.

• Coordinate with the second-year resident to see if you can try checking your patient’s cervix or writing a progress note in QS for a labor check.

• Plan to follow at least 2 patients in labor. This means keep track of her labor course, attend labor checks with the resident, help when she starts to push, or follow to the OR if she ends up with a C-section.

• As soon as other people start to put on gowns/gloves, make sure you’re doing the same! (Pull your gloves and make sure there’s a gown for you well before the patient actually delivers.)

• After the delivery, offer to fill out the delivery summary in QS or the postpartum rounding information in Sunrise. Download the following acronyms to help with the documents: Preferences -> Acronym Expansion -> Import from Other User -> Colwill, Alyssa find (.ppphi, .pptodo, .ppresults, .pp, .ppnotes, .discharge)

• When you have a free minute, go visit your postpartum patients and see how they’re doing. Write a full postpartum progress note and present it to the third-year resident, intern, or generalist attending. When you have another free minute, go visit any babies in the intensive care nursery that you want to follow up on.

• See patients in the PEC

• Scrub in on C-sections

• Learn how to write a progress note for a patient with pre-eclampsia on magnesium sulfate. Ask someone to teach you how to write a “mag note,” and then write the next one!

• Practice suturing and knot tying during your down time. We can help procure supplies and give you instruction, but practice is important!

• Look at the “To Do” column on the board, and see if there is anything you can do, such as checking up on labs, calling outside facilities for records, etc.

• Be sure to put your cell phone number on the board on labor and delivery and let the residents know if you are leaving the labor floor so they can find you if something is happening!

• If you’re not sure, ask!

Location: 7 Ravdin is L&D; 7 Silverstein is the antepartum unit and some postpartum patients; most postpartum patients are on 8 Silverstein.

Schedule: See also your master schedule. Morning signout is at 7am on Mon, Tue, Wed, and Fri; 6:30am on Thurs; 8am on Sat and Sun. Evening signout is at 6pm on Mon-Thur; 5pm on Fri; 8pm on Sat; and 7pm on Sun. If you’re on a day shift, attend morning signout; if you’re on night float, attend evening signout. You do not need to stay for signout at the end of your shift.

Miscellaneous: Wear scrubs. You can keep your bag in the multipurpose room (the room where the patient board is). There is a refrigerator and microwave for everyone’s use if you bring your lunch.

GYNECOLOGY

Read About: Fibroids, PID/TOA, abnormal bleeding, ectopic pregnancy, postop fever, all the interesting diseases and complications you see, and the topics on the GynOnc list
Who’s Who
• Chief resident: Provides most of your guidance in terms of which cases you should attend and what time rounds will be.
• Third year: Flexible duties. Will have the most time for teaching and feedback.
• Second year: May be carrying the pager and performing consults – go along on consults if you’re not in the OR
• Intern: May be carrying the pager and performing consults – go along on consults if you’re not in the OR
• Attending: Generalist OB/Gyn

What Should I Do?
• Discuss the details with your chief resident, but in general, follow any patient in whose surgery your participated. If it’s a slow OR week, choose other patients that you find interesting. Pre-round on those patients each day, and be ready to present your progress note during morning rounds.
• Following a patient means you should know about her pre-admission history, the surgery she underwent, any overnight events, current medications, vital signs, urine output, and lab findings. Check for updates between your other cases.
• Check with your chief resident about whether you should remove dressings or Foleys or staples on your patients when you pre-round.
• Before you scrub in any case, be sure to introduce yourself to the patient, and read her entire history. All the information should be in Epic.
• Plan to present a 5-10 minute presentation about a Gyn topic during your second week; pick a topic you find interesting or want to know more about.
• Practice suturing and knot tying during your down time. We can help procure supplies and give you instruction, but practice is important!
• In the OR, help position the patient on the table, put on the SCDs, put on the safety strap, and at the end, help clean up, move the patient to the stretcher, and help push the stretcher to the PACU. Once you get signed off on Foley placement, ask to place each Foley.
• Ask if you can write a brief op note after the case
• Ask if you can help with discharge documents, writing prescriptions, updating the signout lists, or calling for information from outside hospitals.
• You should not scrub for a second trimester termination case unless you have already been to the Penn Family Planning and Pregnancy Loss outpatient clinic. You are also never required to participate in elective pregnancy termination. If you have a particular interest in this, or particular concerns, please let Dr. Honebrink or Dr. Cummings know early in the rotation.

Location: Most postop patients are on 7 Silverstein. OR cases can be in the Main OR on the 4th floor or in the Perelman CAM.

Schedule: Varies. Your chief resident will give you day-to-day guidance on rounding times. Thursday afternoon is pre-op clinic at Dickens. If a surgical case is running late at night, you are welcome, but not required, to stay past 8 pm. However, please use your judgment in asking to leave. We respect duty hours but adhere to weekly averages of work hours, rather than daily shift times.

Miscellaneous: Wear scrubs. Wear your white coat to round. If possible, change into office attire for Thursday afternoon clinic.

GYNECOLOGIC ONCOLOGY:

Read about: pelvic/abdominal anatomy; postop fevers; basics about the gynecological cancers (ovarian, cervical, endometrial) including risk factors, signs/symptoms, diagnostic tests; if you’re comfortable with the basics then read about staging; all the interesting diseases and complications you see; read about items on the Gynecology list also.
Who’s Who:
- Attendings: Dr. Mark Morgan, Dr. Janos Tanyi, Dr. Robert Burger, Dr. Fiona Simpkins
- GynOnc Fellow: Helps to manage the service, may be an acting attending in the OR.
- Third year: Acting chief of the service. Provides most of your guidance in terms of which cases you should attend and what time rounds will be.
- Second year: Operates
- Intern: On the floor taking care of the patients on the service. Offer to help the intern whenever you aren’t in the OR.

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Miscellaneous: Wear scrubs. Wear your white coat to round. If you go to the office to see patients, wear office clothes.

AMBULATORY AND LEARNING WEEK SITES

Read About: family planning, vaginitis, workup of abnormal uterine bleeding, preventive care, prenatal care, workup of pelvic pain, cervical cancer screening and follow-up of abnormal Paps, any other issue you see

Who’s Who
- Varies by site. Some sites have residents or fellows working with the attending, and others don’t. You might be assigned to be with nurse practitioners or genetic counselors, or other medical providers.
What Should I Do?

- Go to the outpatient clinic sites to which you have been assigned. During Ambulatory Week you will mostly be at the Dickens Clinic, which is the resident clinic. During Learning Week you will attend various subspecialty clinics.
- Make sure you have Epic access for each site; if you don’t, call the Help Desk.
  - 16: OB Gyn Radnor
  - 33: Urogyn HUP
  - 35 OB HUP Dickens
  - 36 Gyn HUP Dickens
  - 271 Family Planning
  - 274 Gyn 3701
  - 275 OB 3701
- Prior to a session at a particular subspecialty clinic, read up on some common topics for that subspecialty (ask if you’re not sure what those topics are).
- Check the Epic schedule to see what time the first patient is, and show up at least 10 minutes prior.
- Introduce yourself to the front desk staff and you will be directed to the appropriate location.
- Introduce yourself to all the medical assistants, nurses, residents, attending, and other medical providers you are working with.
- Your goal is to get a sense of the depth and breadth of each subspecialty. You might be asked to see patients on your own and present, or you might be shadowing. There is value in both!
- If you see a patient on your own, write your progress note in Epic.
- If you are mostly shadowing, see if you can help update information in Epic (past medical history, current medications, allergies, etc). This can be very helpful.
- Ask if you can perform the speculum or bimanual exam.
- If you are attending the CHOP Fetal Surgery clinic, read the specific clinic information on VC2000.

Location: See “Where Do I Go” document for each clinic’s location.

Schedule: Varies; check Epic. In general, most offices start between 8:30-9 am for morning sessions, and at 1pm for afternoon sessions. It is your responsibility to find out what time each session starts; if you need help figuring this out, ask! Morning sessions with Dr. Honebrink/Cummings or Thursday morning conference take precedence over clinic sessions with the exception of Urogyn clinic, which takes precedence.

Miscellaneous: Wear professional clothes and your white coat in every ambulatory setting. Most offices have a place for you to put your bags and lunch – just ask.

We want you to have an enjoyable experience.
If you have any questions about anything, please ask!