WELCOME TO OB GYN

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(and source of all practical knowledge)
WHAT WE LOVE ABOUT OB GYN

• Follow women of all ages through their lives
• Can make a difference in very common health issues: pregnancy, family planning, STI’s, Gyn cancers
• Both Surgical and Medical aspects
• And best of all-
• Get to help deliver babies!
EVEN IF THAT DOESN’T DO IT FOR YOU-

• Much information you can use in your future medical career, no matter what you do
• Much information you can use in your personal life
  – And that of your friends!
HOW TO GET THE MOST OUT OF YOUR ROTATION

• Be involved
• Be interested
• Look for ways to be helpful
• Read about what you see clinically
• Talk to patients and staff, introduce yourself
• Be professional
• Be culturally aware, curious and sensitive
• Try to learn the WHOLE story
GETTING THE MOST CON’T

• Show up for conferences and didactics (on time), read ahead (see syllabus as well)
• Keep your phone in your pocket during didactics/conferences
• Ask questions (or think about looking it up) when you don’t understand, read about the diagnoses of the patients you see
• If you are asked a question and you don’t know the answer, say- I don’t know, but I’ll look it up- and then LOOK IT UP!
• Round on patients whose deliveries or surgeries you attended
And some more special tips from our residents…

• Give your cell number to the residents on your team so they can find you if you are off the floor
• Follow your team- don’t wait for an invitation!
• If you are in a labor room and you see the resident or midwife putting on gloves and/or a gown, that is your cue to do the same!
• When you are on Gyn or Gyn Onc services, check in with the chief on the service at the end of the day for the plan for the next day
Final Tips

• Keep supplies in your white coat pocket:
  – Tape
  – Syringes (not needles!)
  – Telfa
  – Abd pads
  – Staple remover

All can be found in supply closets on the gyn floor
BROAD GOALS FOR THE ROTATION

• That you get an idea of what it is like to be an obgyn and understand what we love about our specialty
• Understand the depth of Ob Gyn and its sub specialties
• Come away with an understanding of natural history of pregnancy/delivery as well as common obstetric complications
• Appreciate women’s reproductive health issues including family planning, sti, vaginitis, management of abnormal bleeding and other common gynecologic conditions that every physician should have
MORE BROAD GOALS

• Learn what it is like to be a part of a clinically busy team
• Appreciate what it is like to be in the operating room and perform surgery
• Understand the gynecologic presentation of other systemic diseases
• Be able to perform a pelvic exam and become comfortable discussing sexual function, menstrual histories, family planning options, dx, prevention and treatment of STI’s
• SEE SYLLABUS AS WELL!
ROTATION STRUCTURE

• 2 WEEKS GYN SURGERY
• 1 WEEK OB
• 1 WEEK NIGHT FLOAT
• 1 WEEKS AMBULATORY OBGYN
• 1 Learning/ambulatory week
• Exact time allocation may vary from site to site, especially night call
Learning/Ambulatory Week

- New in 2013
- Small Group conference time at HUP and Pennsylvania Hospital
- Grand Rounds/Resident Conferences
- Preceptor meeting with preceptor for HUP students in your group
- 1-2 Ambulatory sessions
- Study Time
- Assigned week 3, 4 or 5 of rotation
Duty hours

• Follow same guidelines as for Residents-see page 38 of Syllabus

• While Delivery Room and Gyn Surgery are busy services, in general, no issues over course of whole rotation

• After night float- go home carefully and quietly with sun glasses on and GO TO SLEEP

• You should leave the hospital 10 hours before you are expected back the next day
OR Etiquette

- Do your best to read patient’s chart BEFORE scrubbing
- Read about procedure and indications before the OR
- Introduce yourself to OR staff
- Maintain sterile technique, when in doubt, lay your hands gently on a draped part of the patient, away from the field
- OK to ask questions, but remember the surgeons’ main focus is the surgery
Morbidity and Mortality Conferences

- **Peer Review**: the procedure for evaluation by professional health care providers of the quality and efficiency of services ordered or performed by other professional health care providers.

- **Confidential**: What is said in M&M stays at M&M
Purpose:

1. communication among team
2. reference for future care
3. support for billing
4. reference in medico-legal proceedings
Medical Student Documentation Rules

• Student documentation of Family, Social histories and Review of Systems can “count” as official documentation

• While the rest of your H&P or note may not officially “count” it is a valuable source of information for your team AND one day your notes will “count”- so you need practice!

• Updating History Tabs, Meds and Allergies in Epic charts is a great way to help out!
SOAP Note

- Subjective: What to patient tells you
- Objective: Vital Signs, Physical exam, Lab/Imaging data
- Assessment: What is/could be going on going on?
- Plan: What are we going to do for the patient?
Op Note

Pre Op Diagnosis
Post Op Diagnosis
Procedure
Surgeon
Assistant

Anesthesia: Type of anesthesia used
Drains: eg Foley
Fluids: Amount of fluid given intra op and amount of urine drained pre and intraop, as well as amount of fluid in and out of uterus in a hysteroscopic case
Estimated Blood Loss: How much blood lost intraop
Specimen: What, if any tissue was sent to pathology
Complications: What, if any complications occurred intraop
Operative findings: What was found at the time of surgery include EUA)
LABOR AND DELIVERY PROJECT

• Available on VC2000
• Designed to be a guide for things you want to be sure to do/learn while on Labor and Delivery
• Take advantage of all types of learning opportunities on L&D/PEC/Post-Partum floor
• Feedback Cards (4)
• Mini Cex (1 or more)
• Oral Case Presentations (1 or more)
• Don’t forget your name!!!
• Friday afternoon Didactics- watch for email from Roz by weds for Friday’s schedule
• Encounter Log (syllabus pg 10)
  – On line log
  – Grid for confirmation
  – Keep it current
  – nad@mail.med.upenn.edu
1. **OB-Labor and Vaginal delivery:** Follow a patient through labor and vaginal delivery and round post partum - minimum 3

2. **OB-C-Section:** Scrub on a C-section, follow patient pre and post Op - minimum 1

3. **OB-First trimester bleeding:** Participate in patient care or discuss a case of a patient with first trimester bleeding - minimum 1

4. **OB-Initial prenatal visit:** Perform history and participate in exam with supervision, discuss testing and counseling - minimum 1

5. **OB- Return Prenatal Visit:** Update history, review prenatal history, measure fundal height and check FHT with supervision - minimum 5
6. GYN-Breast/Pelvic Exam, Pap smear: Perform speculum exam/pap smear/ and pelvic and breast exam with supervision- minimum 2

7. GYN- Wet Mount: Obtain and analyze microscopically a wet mount of vaginal secretions/discharge- minimum 1

8. GYN-Age appropriate preventive exam: Perform a history and participate in exam with supervision, discuss age appropriate testing and counseling-minimum 2

9. GYN-Family Planning Options: Discuss family planning options with a patient or in a case presentation- minimum 1

10. GYN-Sexual history: Interview a patient and take a sexual history with supervision- minimum 1

11. GYN-Abnormal Vaginal Bleeding- non-pregnant patient: Evaluate and treat a GYN patient with abnormal vaginal bleeding or participate in case discussion- minimum 1
MORE GYN ENCOUNTERS

12. **GYN-Pelvic Pain**: Participate in patient care or discuss case of a patient with a pelvic pain—minimum 1

13. **GYN-Pelvic Mass Evaluation**: Participate in patient care or discuss a case of a patient with a pelvic mass—minimum 1

14. **GYN-Gyn surgery**: Review patient history and scrub on a major GYN surgery case and follow a patient post op—minimum 2

15. **GYN-Sexually Transmitted illness**: Participate in patient care or discuss a case of a patient with diagnosis of STI—minimum 1

16. **OB or GYN other**: Please record other encounters with BRIEF description in comment field.
WHAT ELSE DO YOU NEED TO DO/KNOW? (con’t)

• Oral exam (site specific)
• Shelf exam (syllabus page 15)
• Evaluate us!
• EUA policy (syllabus page 26)
• Department Website: http://www.uphs.upenn.edu/obgyn/education/medstudents.htm
Mywonderfulwriteup Blog

- Look for invitation sent to your gmail address
- This is where you post your H&P by middle of week 3 and your EBM exercise by middle of week 5
- Please comment on at least 2 of your colleagues H&P’s by end of week 3 and 2 EBM’s by end of week 5
WHAT ELSE IS OUT THERE?

- Syllabus (the WHOLE thing!)
- Uwise (page 7)
- Books (page 7)-"Blueprints" is not enough!
- Residents/Attendings/Midwives/Patients
- ACOG (page 20)
- Survival Guides(APGO/CREOG and site specific)
- Roz, Dr. Honebrink, Dr. Ronner, Dr. Atkins, Dr. Chau, your preceptor
HOW AM I GRADED?

• Grade- Honors, High Pass, Pass, Fail
• Grade Weight
  – 60% Clinical Eval- Attendings/Residents
  – 10% H&P and EBM exercise
  – 5% Citizenship
  – 25% Shelf Exam- ??(average from last year) or above for Honors, 65 to pass. If **unanimous** clinical honors and shelf average for your group is <??, group average is cutoff for honors
LEARN TO SCRUB

• Available to all students
• Go to DR before or after your pelvic exam session this afternoon
• Even if you have done surgery, go to session UNLESS you can gown and glove yourself in under 1 minute
• This block we’ll review at beginning of SIM center
SIM CENTER

- Friday afternoon (morning this block!)
- Penn Rittenhouse Campus
- Wear comfortable clothes
- Be ready to have fun!
FOR HUP STUDENTS

• MEET WITH ME
• Try to avoid scrubs in the out patient setting!
• GO TO CONFERENCES(schedule at HUPOBGYN.com)!!!!!!
• Put your name and cell number on white board in L&D when you are on nightfloat/OB, give your cell number to residents on your team!
• Email us names of residents for evals at end of rotation
• Be sure you have EPIC access for Ob Gyn practices and let us know if you don’t
• Be sure to read HUP survival guide in Syllabus!
HAVE A WONDERFUL ROTATION