

THE MEDICAL STUDENT SURVIVAL GUIDE TO OB/GYN

OB/GYN is a fascinating and exciting specialty. No other field offers such a wide variety of medical and surgical management. The OB/GYN is a primary care provider, obstetrician, surgeon, endocrinologist, and radiologist. Your involvement with the team over the next four weeks will give you a taste of what it is like to enter our field.

As a medical student, you have several priorities. First, have fun! Long hours are only possible if you find ways to enjoy what you are doing. Second, learn something. Study the physiology of what you see and read nightly about your patients. Third, be helpful. Those students who are eager to be involved gain the most from our rotation.

Below, we have provided some tips on "survival" and orientation for each of the divisions. The information below is in no way all-inclusive, and should serve as a guide.

GREAT TIP #1: Remember...no one, you or us, reads minds well!! If you have any questions, ASK!! We are here to teach!!

OBSTETRICS (LABOR AND DELIVERY)

Labor and delivery can be exciting and fast-paced and thus potentially intimidating to the typical medical student. You can provide assistance by seeing patients in triage and writing two-hour notes on the patients on Labor and Delivery (L and D). Be sure to present the patients to the intern or upper level residents. When presenting, always end with an assessment of what you think is happening with the patient and what you would like to do. Patients in triage will either require a triage (SOAP) note or an admission H and P depending on what needs to be done. Take notes when talking to the patient. After presenting to the resident, offer to write the triage note or admission history. This will train you to be complete and efficient.

There is a tiny room behind the Unit Coordinator's desk. This is the boardroom, which is equivalent to the nucleus of the cell that is L and D. Residents will sign out in this room and return here for assessments and discussion. There is a large white board in this room, which has all of the patient information on it. To the far left on the board is labeled the time at which the patient was last seen. All laboring patients have to be seen every two hours and a note has to be written. When you write a note, do not do a pelvic exam without a resident. When the resident walks into the room with you, take two gloves out, one for the resident and one for you. This provides a visual reminder that you need to perform cervical exams during your rotation. Let the resident check the patient first, then see if it is appropriate for you to perform the exam. If the patient tolerates pelvic exams poorly or has prolonged rupture of membranes, you may not be able to do the exam on this patient. Below is an example of both an admission H and P and a 2-hour SOAP note on a laboring patient.

EXAMPLE OF LABOR AND DELIVERY HISTORY AND PHYSICAL

Ms. First Name, Last Name is 23 y.o. G2P1001 at 39w2d by LMP consistent with an 18 week ultrasound presenting with a 4-hour history of uterine contractions. She denies loss of fluid or vaginal bleeding. She reports active fetal movement. Pregnancy has been complicated by: _____.

POB: '99 - NSVD of 7#6oz F at 40 wks. Pregnancy NOT complicated by gestational diabetes, preeclampsia, infections or hemorrhage

PGYN: No STD's, no abnl paps

PMH: no chronic illness or hospitalizations

PSH: wisdom teeth extraction

All: PCN causes rash

Meds: PNV

Soc: Patient lives at home with husband and 3 year old child. She denies use Tobacco/Alcohol/Drug

FHX: no history of DVT or coagulopathy

Prenatal LABS: A+/Antibody Neg/RPR NR/RI/Pap wnl/Glucola 95/HbsAg neg/GC neg/Chlam neg/GBS +

PE: VS:
Gen:
Pulm: CV:
Abd: Gravid, NT, CEFW = 3600 gm
SVE: 4/75/-1/vtx
EFM: 150, mod var, +accels, no decels
TOCO: ctx q6min

A/P: This is a 23 y.o. G2P1001 at 39w2d presenting in active labor with an uncomplicated pregnancy

- 1) Labor: Admit for labor management. AROM when 4-hours of antibiotics are on board. Epidural for pain control prn
- 2) Fetal well-being: Fetal status reassuring
- 3) GBS +: Pt has mild PCN allergy, use Kefzol 2 gm IV q6 hr

EXAMPLE OF LABOR AND DELIVERY SOAP NOTE

S: Pt resting comfortably after epidural
O: VS: BP 120/72 Tm 98.2 P 102 R
EFM: 150 mod variability, +accels, no decels
Toco: ctx q4 min
SVE: 5/90/0 AROM per Dr. Reeves, fluid clear with no meconium

A/P: 23 y.o. G2P1001 at 39w2d in early active labor.
Labor: Anticipate SVD. Laboring progressing adequately. Pitocin prn
FWB: Fetal heart rate tracing is reassuring
GBS: On Kefzol

OB DAYS

Your role on this service is to round with the antepartum team, work on Labor and Delivery and gain some exposure to general OB/GYN clinics. This will give you the opportunity to meet and work with the upper level residents and the antepartum attending of the week. You will learn about the inpatient management of several diseases. Check with the antepartum team to find out what time you should round. (This will depend on the number of patients on the census.) See the patients ahead of the residents so you have every opportunity to work independently. All of the patients need to be seen by students and residents before board sign-out at 7:15 am. After board sign-out, you will return to the 5th floor with the team to present the patients to the antepartum attending. Some common reasons for admission to the antepartum service are PPRM, preterm labor, preeclampsia, and IUGR. You will learn about these topics in detail.

During the day, you will be the daytime medical student on L and D. Your responsibilities include helping the intern to see the triage patients and to follow-up on any labs on both the antepartum and post-partum services. You will write two-hour notes with the intern. Any cesarean section or vaginal delivery will require your presence. L and D during the day is very busy, and it is easy to get lost. Students who shine on the rotation take an active role in helping the team without being asked to do so. If you are wondering where you can be most helpful, ask the intern or residents.

Note Writing:

When rounding on the patient, you will write a SOAP note.

For the Subjective section, comment on fetal movement, contractions, vaginal bleeding, and whether or not the patient has any loss of fluid.

For the Objective, make sure to document the blood pressure range and current BP. Also note the current temperature and maximum temperature in the last 24 hours. Physical exam should focus on abdominal tenderness, extremity edema, and other directed exams depending on the patient's reason for admission.

For assessment and plan, always write the age, gravity and parity, estimated gestational age and reason for admission in the first sentence. Then break your A/P up into systems or a problem list.

GREAT TIP #2:

At the end of the day, find out from your team what time you will need to come in for rounds the next day!

OB NIGHTS

As a member of the Nights team, you will be responsible for seeing triage patients and helping to keep the board updated. Follow the intern closely as they will often be called away quickly for a delivery. Staying close to them will allow you to see and do more. If a triage patient comes in, ask the nurse or secretary if it is a resident patient or CNM/FP (Certified Nurse Midwife or Family Practice) patient. You will only follow the resident patients. See them before the intern goes in. Let the residents know you are going to Triage so that if something happens, they can find you!

If things are slow and you would like to see additional variety in patient care, ask the upper level if you can go see a consult with them in the ED (Emergency Department). This can also increase your exposure to acute GYN care.

GYNECOLOGY (THE OPERATING ROOM)

Overview

This service will introduce to you many of the basic principles of Benign and Oncologic Gynecology as presented in the busy subspecialties. The Divisions representing these subspecialties include Urogynecology/Reconstructive Pelvic Surgery, Reproductive Endocrinology and Infertility, Advanced Laparoscopy/Chronic Pelvic Pain, Women's Primary Health, and the Oncology. From normal menstrual cycles to abnormal uterine bleeding resulting from endometrial cancer, from counseling women about pregnancy options to assessing normal to markedly abnormal pelvic anatomy, from assessing the principles and proposed mechanisms behind debilitating conditions such as urinary and fecal incontinence, you will become increasingly familiar with the field of Gynecology.

You will rotate on the Gynecology service for 2 weeks. You will be assigned to your primary service team which will be **either the Benign Gynecology Service or the Oncology service**. You will stay with your primary team for the duration of the 2 weeks to maximize you getting to know your team and their getting to know you. This has been at the recommendation of both students and their teachers...residents and attendings alike.

Whether your primary service is Benign Gynecology or Oncology, you will experience with patient responsibility, operative experiences, in-patient work, and ambulatory gynecologic experiences. You will have a schedule to follow which will give you a balanced experience among operative, in-patient, and out-patient work. There will be times you are not directly with your team to ensure a balanced Gynecology educational experience. Don't worry...your teams know and support this!

Other General Info

You will spend your out-patient time in various clinics. You will work with residents and attendings in the Continuity Clinics which will allow you to see how we manage both the obstetric and gynecologic patients on an outpatient basis.

On one Tuesday and one Thursday morning, you have the option but are not required, to participate in the therapeutic abortion clinic and to observe these procedures being performed in the clinic. This is an exceptionally rich educational opportunity to work with Dr. David Grimes, a world expert in Women's Reproductive Health and in Abortion Health. Patients are seen and evaluated, and procedures are performed on Tuesday mornings. Procedures for women with more advanced pregnancies are performed in the Ambulatory Care Clinic OR on Thursday morning.

If, for reasons you are under no obligation to share, you would prefer not to participate in the Therapeutic Abortion Clinic, this is fine. You will proceed either to the Benign Gynecology OR or Oncology OR depending on your primary team of assignment. We do encourage students however to consider this very important clinic if they feel able.

GREAT TIP #3: Know your patients!

These are operative services. If you are going to be in the operating room the next day, look over the patient procedures scheduled on WEBCIS (the electronic medical record) the night before the surgery. Be prepared to answer questions on why the patient is having the particular surgery. Try as best as you can to find out the night before the surgery which patients you will be observing in the OR so you can familiarize yourself with: 1) The history, 2) Physical exam, 3) Pre-op labs, 4) Procedure being performed and the anatomy associated with that procedure(s), and 5) The indication for the procedure(s).

GREAT TIP #4: Know the pelvic anatomy!

Review your pelvic anatomy because you are likely to be asked questions in the OR. Be familiar on the location of the ovaries, uterus, fallopian tubes, cervix, bladder, sigmoid colon, round ligament, pelvic floor vascular structures including the branches of internal iliac artery such as the uterine artery, utero-ovarian artery, infundibulopelvic ligament, and other ligamentous structures such as the broad ligament, cardinal ligament, and sacrospinous ligament. These are the structures you will be asked to identify. Also, you should review the layers of the abdominal wall since you will be asked to identify these layers as we enter them with a Pfannensteil incision.

ROUNDING

Morning Rounds:

The teams round early every morning on the inpatient service on 6 Womens. Rounds are earlier on OR (operating room) days. You and your team will decide what time you will need to come in for rounds. You will present your patient to the resident.

When rounding, make sure that you ask each patient about what they are tolerating by mouth, and if they have any fevers or chills, flatus, nausea or vomiting. At a minimum, most patients require a pulmonary exam, an abdominal exam including evaluating their incision and a lower extremity exam. Make sure you have reviewed vital signs from the past 24 hours. Specific attention should be given to the urine output, since this is an indication of end-organ perfusion. Focus on the abdominal exam being sure to document distention, tenderness, guarding, rigidity, and bowel sounds. Pelvic exams are not to be performed unless the resident is with you. Since post-operative and oncology patients are at an increased risk for thrombotic disease, be sure to check the extremities for evidence of edema, calf-tenderness, and palpable cords.

Almost all patients will have some form of laboratory work so check the labs in the morning and write the values in the chart if they are available. If not, leave a space available for labs. In the left hand margin, write all the medications that the patient is currently taking. This information can be found on the medication record which is the nursing folder.

You will write a SOAP note, describing your findings from above. For the assessment and plan section, do your best! Report the age, gravidity, parity, hospital day #/post-operative day # and the reason for admission. For example:

"This is a 42 y.o. G1P1 POD#1 s/p total laparoscopic hysterectomy and bilateral salpingo-oophorectomy for severe endometriosis."

...then break your plan up into systems or problem lists as this will help you to formulate a logical approach to your assessment and plan.

Presenting:

You will present the patients to your resident in the morning. Then, you will present to the fellow at morning rounds. ***Now matter how well you do on the presentation, the resident will always add something else. Don't worry; you are still doing a good job!*** At the end of rounds, you will all go over the list with things that need to be done or followed up on during the day. If labs or x-rays need to be followed, this is an excellent thing for you to do. Put them in the chart when available, and tell the resident the results.

Afternoon Rounds:

In the afternoon, after the day's work is done, you will present to the Resident or Attending of the Week in either AM or afternoon rounds depending on your service. The attendings like to ask a lot of questions...that's their job! ☺

POST-OPERATIVE CHECKS

All patients will require a post-operative check 6 hours after their surgery. The purpose of this check-up is to see how the patient is doing in terms of pain control and to see if there is any evidence of bleeding. Look at vital signs to see if there is any evidence of tachycardia, low blood pressure, and decreased urine output. It is important to record vital signs including the maximum temperature since surgery. Fluid status, or "In's and Out's" are also important to record as follows:

I's: IV fluids: In the OR
In the PACU (post-anesthesia care unit, recovery room)
On the Ward since arrival to room

O's: UOP (urine output): In the OR
In the PACU
On the Ward since arrival to room

EBL (estimated blood loss)

Do a complete physical exam. Write an assessment and plan.

VOIDING TRIALS

Patients who have had some sort of incontinence and /or prolapse surgery may have orders for a **voiding trial** in the morning. For a voiding trial, the patient will have the Foley catheter discontinued. If she has not voided in 4 hours, she will have a straight catheterization performed. When she does void, she will measure the voided volume. A straight catheterization will be performed immediately after the void to measure her post-void residual volume. A volume of greater than 100 ml or greater than 1/3 of the total volume voided is considered a failed voiding trial. Patients must pass two consecutive voiding trials to have considered to have passed the trial. Otherwise, they have to learn to perform straight catheterization and perform this at home.

GREAT TIP #5: At the end of the day, find out from your team what time you will need to come in for rounds the next day!

One last note...how do you keep your morale up?

During busy times, it is important to stay hydrated. Also, eat, urinate, and drink when you can because if you go into a surgery or a delivery, you may not get the chance later.

You may feel that following up on labs, radiology studies, and paper work are examples of "scut work;" however, they are essential components of patient care, are vital to the team's functioning and help us to ensure optimal care of our patients. Particularly, following up on laboratory and radiology results teach you about recognizing abnormal values and results and enable you and your team to educate each other on what to do when an abnormal value or result is obtained.

Some examples of what to do if a lab test comes back abnormal...If a HCT comes back low, go see the patient and ask about symptoms of orthostatic hypotension. Check the vitals and UOP. Then go back and present all of this to the resident. Also write a prescription for iron and colace and give this to the resident to sign when you present the patient. This will make you look good (!), and it teaches you what's important to look for when the HCT is low.

Talk frequently to other medical students. You are not alone. Support each other and do things to make each other look good! Do not try to show-up the other students as this is looked upon unfavorably by your peers and the residents.

Make yourself part of the team. This is crucial. If you get involved, you learn more and we have a better impression of you because we have a much better idea of what you are doing, thinking, and learning.

At the end of the day, you will be tired. Obstetrics and Gynecology is one of the most physically demanding specialties. Be sure to take time out for yourself to recharge by working out, meditating, pursuing your non-medical hobbies and activities. Consider this time away from your work an investment that will help you be a more balanced medical student.

Good luck, and have fun!

Welcome to the wonderful world of Obstetrics and Gynecology.