

Obstetrics & Gynecology

Preparing for your first rotation

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OVERVIEW

- What are you worried about?
- How to succeed!
- Team structure
- Role of the Medical Student
- What do you do all day?
 - Pre-rounding, rounding, board signout
 - Clinic
 - Gyn surgery: admissions, notes, orders
 - Labor & Delivery: admissions, notes, orders
 - Postpartum, post-op
- Tips from clerkship coordinators
- Resources
- Dr. Erika Goldstein - mistreatment

How to succeed?

- Be on time, actually be 5-10 minutes early
- Make every effort to be prepared
 - Surgical cases: know basics about the patient, know basics about the surgery, try to figure out indications and any alternatives
 - Clinic session: get patient list, look them up in advance, take notes, look up diagnosis, think about a plan before you see them, discuss patient before you go see them if possible
 - Inpatient/post-operative management: look for complications, abnormal vitals/urine output

How to succeed?

- Ask questions based on what you already know
 - Avoid questions that are too open ended or are easily answered by the text book, like diagnostic criteria. Ask for clarification, admit that something is confusing → that illustrates that you have thought about it!
- Go where the action is
 - If there is a group of staff/MDs running somewhere, go with them
 - Always go to the OR with your team
 - Try to meet as many laboring patients on rounds as possible → easier to be there for their deliveries
- Engage all staff and providers → including RNs and scrub techs. They can all teach you stuff.

How to succeed?

- Look interested
- Try not to spend too much time on your phone
- Try not to spend too much time at the computer (if there are things going on)
- Get your write ups done early!
- Pick a final presentation topic that is fairly specific, not too broad
- TRY TO SEE AS MANY PATIENTS AS POSSIBLE TO ENHANCE YOUR CLINICAL EXPERIENCE

How to succeed?

- Work on knot tying so that you are ready to go in the OR
- Interact with patient families
- Delivering a placenta is important
- First rotation → ask for feedback
- When in new clinical environment → clarify expectations
- Don't do pelvic or cervical exams without chaperones, nurses or preceptors

Team Structure

Varies highly by WWAMI site:

- At the UW on L&D there is an attending, R4, R2 and R1.
- At HMC gyn there is an attending, R3 and R2.
- At UW gyn there are many attendings and an R4 and R1.
- At Swedish there are many attendings and an R3
- At Madigan there is a full complement of residents
- At Yakima there is an OB R2 or R3 and family medicine residents
- Other sites may have family medicine or other residents
- WWAMI sites may have one or more attendings

Role of the Student

- **Med student: 1-2 per team**
 - Role is to LEARN, see as many patients in clinic, deliveries, and procedures as possible
 - Help team (when possible) and help each other
 - Develop continuity with the patients (clinic → labor or surgery → postpartum or post-op)
 - Learn efficient OB-GYN style oral presentations for triage/ED/inpatients
 - Write some admit/clinic notes (several write-ups required, check with preceptor about daily note writing)
 - Goals: work on breast exam, pelvic exam, pap smear, knot-tying, surgical closure, cervical exam in labor
 - May also be exposed to other procedures such as cervical biopsy, endometrial biopsy, IUD or nexplanon placement, AROM, IUPC, neonatal resuscitation, circumcision

Pre-Rounding

- Discuss with your resident/preceptor about their expectations for inpatient rounding and pre-rounding
 - May be done *daily* during rotation
 - May be done *on all post-op* surgical/labor patients
 - May be done *only during certain parts* of the rotation
 - May need to *see patient before the team* does
 - Or alternatively, do a chart biopsy, talk with RN, collect data and *see the patient together*
 - Assist with note writing

Presentations: OB-GYN Style

Notoriously concise

- All oral presentations should start with age, gravidity, parity, if pregnant gestational age and dating criteria, and finally chief complaint.

For example (ID/CC):

- *Ms. X is a 24 year old Gravida 2 Para 1001 at 39 weeks by last menstrual period who presents from clinic with elevated blood pressure.*
- *Ms. Y is a 24 year old G0 who presents to clinic with 3 months of dysmenorrhea.*

Presentations/Notes: Any OB patient

For example (HPI):

Ms. X is a 24 year old Gravida 2 Para 1001 at 39 weeks by last menstrual period who presents from clinic with elevated blood pressure. She has a mild headache, but no vision change, RUQ pain or LE swelling. She reports good fetal movement and denies contractions, bleeding or leaking fluid.

- For all pregnant women (clinic and L&D triage visits), include bleeding, contractions, leaking of fluid and fetal movement in HPI.
- For women with hypertension in pregnancy, include headache, vision change, RUQ abdominal pain, extremity/hand/face edema.

Presentation/Notes: Postpartum

For example (HPI):

*Ms. X is a 24 year old Gravida 2 Para 2 who is **postpartum day #1 status post vaginal delivery** at 39 weeks of an 8 lb boy without laceration or other complication. She has minimal lochia, no pain symptoms, is BF well. She denies mood symptoms and desires discharge to home today.*

- For postpartum patients, include assessment of lochia (bleeding), incision or perineal pain, breastfeeding, mood. Include blood type and rhogam if indicated.
- If she had a c-section, pain control regimen, ambulation, voiding or foley catheter, and what she is tolerating PO.

Presentation/Notes: Postpartum

For example (**Exam**):

*Ms. X is a 24 year old Gravida 2 Para 2 who is **postpartum day #1** status post vaginal delivery.*

- For postpartum patients, include vital signs, general/psych (normal affect, NAD), CV, Resp, ABD including where her fundus is (usually at umbilicus), perineal exam and breasts if indicated (for pain or fever)
- If she had a c-section, preeclampsia and postpartum hemorrhage, also include urine output, postpartum labs including Hct.

Presentation/Notes: Postpartum

For example (A/P):

*Ms. X is a 24 year old Gravida 2 Para 2 who is **postpartum day #1 status post vaginal delivery.***

- If anemic, need for blood transfusion, oral or IV iron?
- Include rubella status (immune, nonimmune) and plans for postpartum immunization
- Include whether she received influenza and Tdap vaccines during pregnancy and if not, give them postpartum.
- Lactation status: lactation consult pending?
- Include birth control plans
- Plans for discharge: today/tomorrow/pending certain d’c goals

What does a day look like?

UW L&D

0530: Meet residents to round on postpartum

0630: Board signout to day L&D team

0715: Round on laboring inpatients

0900: Start first c-section

Activities: coordinate postpartum discharges, evaluate triage patients

1730: Board signout to night float team

HMC Gyn

0630: Round on inpatients with team

0730: Pre-clinic conference

0800-1700: Clinic, ED consults, Inpatient consults

Board Signout

- Your presentation: 2-3 mins
 - Be succinct and purposeful with the info you provide
 - Don't give ALL info, just most important, but be ready to answer questions about everything
 - Have an assessment and plan!!!

L&D Admit/New OB Note

- Referring Provider:
- Name: _
- Address: _
-
- Primary OB Provider:
-
- IDENTIFICATION and CHIEF COMPLAINT:
- Ms. _ is a _ year old G_ P_ at _ weeks gestational age confirmed by _ who presents with _.
-
- REVIEW OF DATES
- LMP _ -> EDD _ -> EGA _
- Ultrasound on _ -> EDC _ -> EGA _ .
- Ultrasound on _ -> EDC _ -> EGA _
-
- PROBLEM LIST
- 1. _
- 2. _
-
- HISTORY OF PRESENT PREGNANCY
- Pt. with a pregnancy complicated by the above problem list. _
-
- PRENATAL LABS
- Blood Type _, Antibody _, HCT _ MCV _ Platelets _
- Rubella _, RPR _, HbsAg _, HIV _, HSV-1 _, HSV-2 _
- Pap _, GC _, CT _, UA _
- Quad/Integrated Screen_ Genetic Amnio _
- CF screen _
- glucola _, 3h GTT _, GBS _ on date: _
-
- PAST MEDICAL HISTORY
- 1. _
-
- PAST SURGICAL HISTORY
- 1. _

L&D Admit/New OB Note

- PAST OBSTETRICAL HISTORY
 - 1. _
 - 2. _
 -
- PAST GYNECOLOGIC HISTORY
 - Menarche at age _; regular Q _.
 - Abnormal paps_, _ history of STI's.
 - Has used _ for BC in the past. GYN surgeries_.
 -
- MEDICATIONS: _
- ALLERGIES: _
- SOCIAL HISTORY: _
- FAMILY HISTORY: _
-
- REVIEW OF SYSTEMS: Pertinent findings are noted in the above HPI. All other systems were reviewed and are negative.
- PHYSICAL EXAMINATION
 - VITAL SIGNS: BP: _ WT: _ HR: _ T: _ RR: _
 - GENERAL: Well appearing female; No acute distress.
 - NEURO: ambulatory, gait normal
 - PSYCH: alert and oriented x3. Mood/affect appropriate.
 - HEAD/FACE: normocephalic, no dysmorphic features, no facial asymmetry
 - CARDIOVASCULAR: RRR, _murmurs. Peripheral pulses 2+, no edema
 - RESPIRATORY: Effort normal, _ Clear to auscultation
 - ABDOMEN: non-tender, gravid. No palpable masses, or hernias. Scars: _.
 - EXTREMITIES: no joint deformities, no asymmetry
 - SKIN: no rashes

OB Specific Exam

- Fundal Height: _
 - FHT: _
 - PELVIC: External genitalia: _ lesions.
Vagina: _ lesions, _ discharge,
 - Fern _ , Pool _ , Nitrazine _
 - NST: _
 - TOCO: _
 - Ultrasound: fetal position _
- ASSESSMENT & PLAN
 -
 - 1. _
 -
 - 2. _
 -
 - 3. _

Gynecology Admit/New Patient Note

- Referring Provider:
- Name: _
- Address: _
- Primary OB/GYN Provider:
- PCP:
- IDENTIFICATION and CHIEF COMPLAINT:
- Ms. _ is a _ year old G_ P_ who presents with _.
- PROBLEM LIST
- 1. _
- 2. _
- HISTORY OF PRESENT ILLNESS
- Pt. with a pregnancy complicated by the above problem list. _
- PAST MEDICAL HISTORY
- 1. _
-
- PAST SURGICAL HISTORY
- 1. _
- PAST OBSTETRICAL HISTORY
- 1. _
- 2. _
-
- PAST GYNECOLOGIC HISTORY
- Menarche at age _; regular Q_ . Abnormal paps_ ,
_ history of STI's. Has used _ for BC in the past.
GYN surgeries_ .
-
- MEDICATIONS: _
- ALLERGIES: _
- SOCIAL HISTORY: _
- FAMILY HISTORY: _
- REVIEW OF SYSTEMS: Pertinent findings are noted in the above HPI. All other systems were reviewed and are negative.

Gynecology Admit/New Patient Note

- PHYSICAL EXAMINATION
- VITAL SIGNS: BP: _ WT: _ HR: _ T: _ RR: _
- GENERAL: Well appearing female; No acute distress.
- NEURO: ambulatory, gait normal
- PSYCH: alert and oriented x3. Mood/affect appropriate.
- HEAD/FACE: normocephalic, no dysmorphic features, no facial asymmetry
- CARDIOVASCULAR: RRR, _ murmurs. Peripheral pulses 2+, no edema
- RESPIRATORY: Effort normal, _ Clear to auscultation
- ABDOMEN: non-tender, gravid. No palpable masses, or hernias. Scars: _.
- EXTREMITIES: no joint deformities, no asymmetry
- SKIN: no rashes
- PELVIC: External genitalia: _ lesions. Vagina: _ lesions, _ discharge _ , cervix _ , bimanual pelvic exam shows _ adnexal masses _ , uterine size _ , anteverted/retroverted, tenderness to palpation _ , cervical motion tenderness _

Wet mount: amine sniff test _ , ph _ , clue cells _ , hyphae _ with KOH

Specialty exams:

- Pelvic organ prolapse
- Rectovaginal exam
- Vaginismus
- Sensation
- Anal wink

Ultrasound/Imaging:

Pathology: pap smear _ , biopsy _

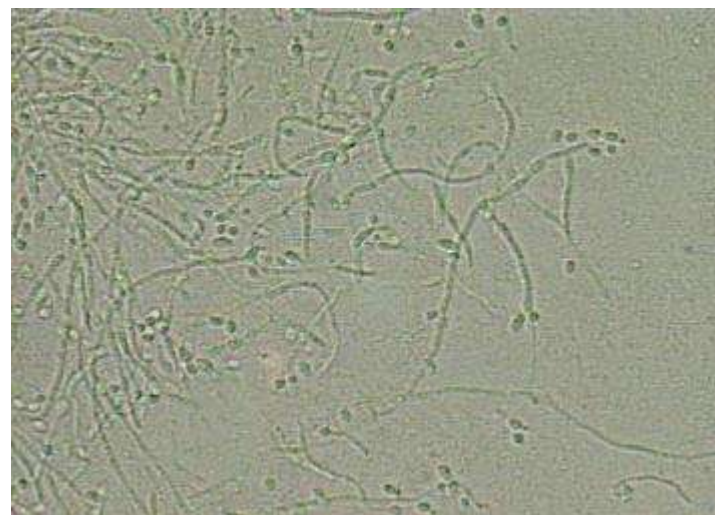
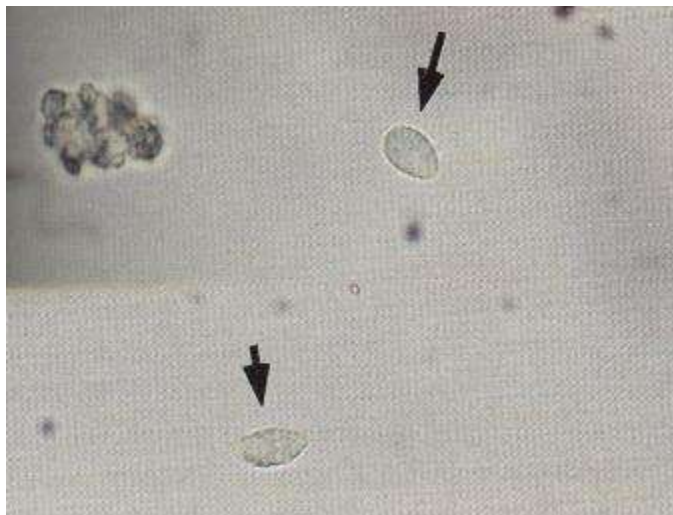
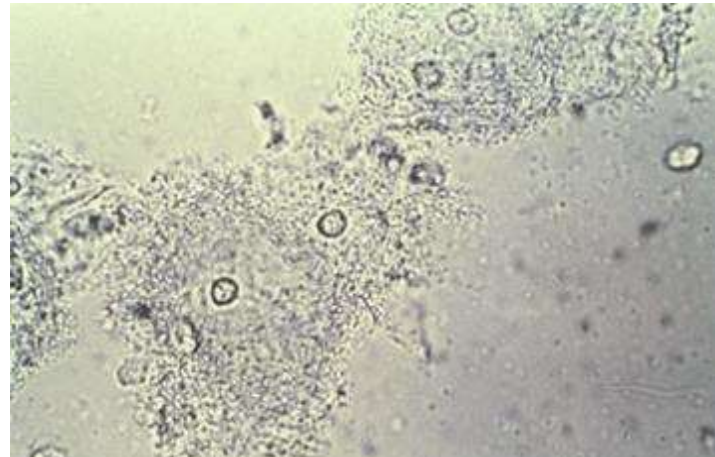
Labs: HCG? CBC? CA-125?

ASSESSMENT & PLAN

1. _

Wet Mount Saline or KOH

Normal (upper left)
Trichomonads (lower left)
Clue cells (upper right)
Branching hyphae (lower right)



Nitrazine paper

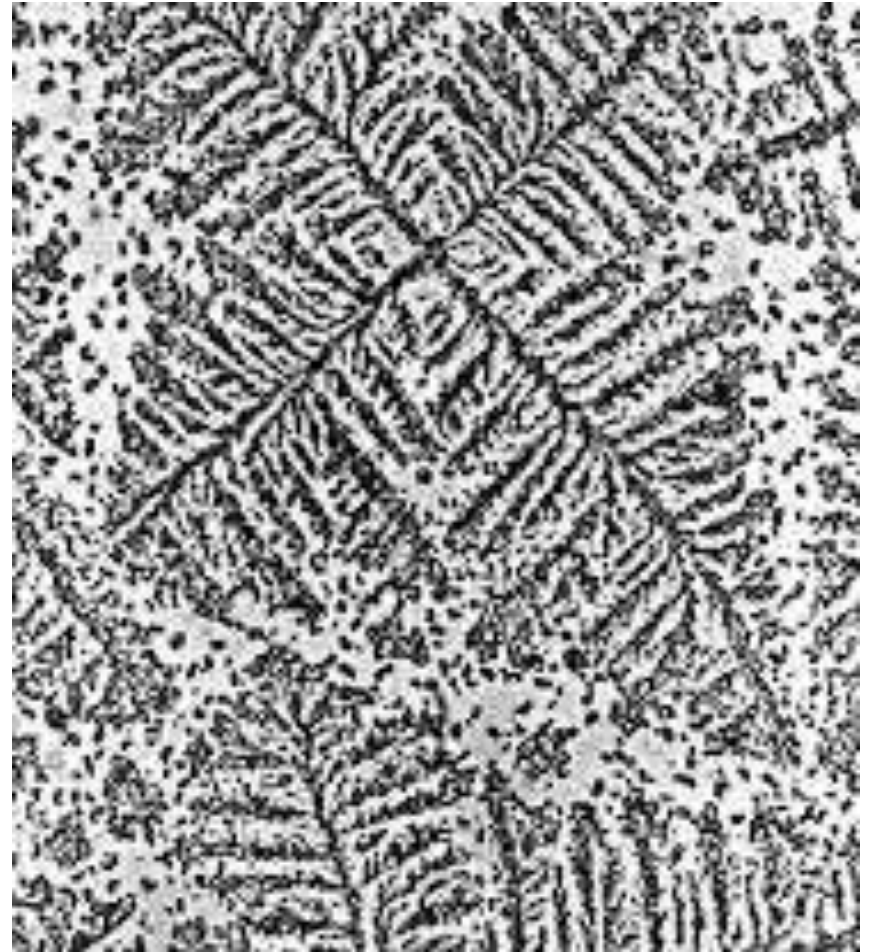
- When does it turn blue?
 - $\text{pH} > 7.5$
 - Amniotic fluid
 - Bacterial vaginosis
 - Semen
 - Gel
- When does it turn yellow?
 - $\text{pH} < 5$
 - Candida
 - Normal vaginal secretions



Confirmation of rupture of membranes

- Vaginal pool on speculum exam
- Basic nitrazine paper
- Ferning on microscopy

- A woman may be pool, nitrazine and fern positive or “triple negative”



Example of a postpartum note

- POSTPARTUM VISIT
- DOS: _
- Referring Provider: _
- Primary OB Provider: _
- ID/CC: Ms. _ is a _ year old G_ P_, s/p vaginal delivery/c-section _ at _ weeks gestational age, of male/female infant, now _ weeks postpartum.
- Problem List:
 - 1.
- Prenatal Labs:
 - Blood type: _
 - Rubella: immune/nonimmune/equivocal
- Subjective:
- Objective:
 - Temp: _ HR: _ BP: _ RR: _ O2 Sat: _
 - Weight: _ (kg) BMI: _ (kg/m²)
 - General: NAD
 - Psych: Mood and affect appropriate during interview. Intermittently tearful during exam.
 - Chest: respiratory effort normal, LCTA bilaterally
 - Cardiac: RRR, no m/r/g
 - ABD: soft, uterus firm, fundus several cm below the umbilicus, but difficult to feel secondary to body habitus.
 - Extremities: 2+ pitting edema, no tenderness.
 - Incision: well approximated, clean and dry, no erythema or drainage, steristrips removed

Example of a postpartum note

A/P:

1. Routine postpartum management:

Breastfeeding: _

Depression risk: _

2. Post-operative care:

On POD#1 her Hct was 31%

Continue routine post-operative care.

Discussed activity precautions

3. Birth control method: Plans for partner vasectomy.

4. Dispo: Follow up postpartum appointment in 6 weeks with Dr. _.

Example of a post-op note

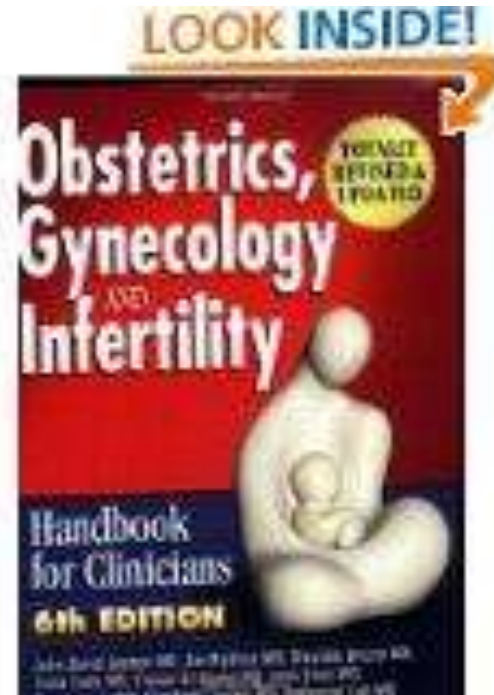
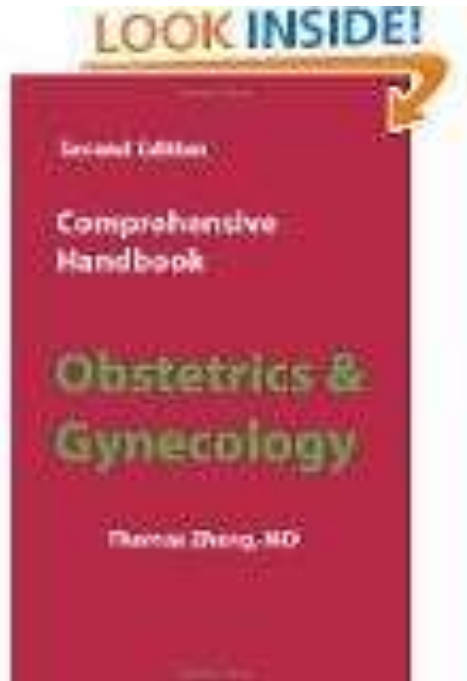
- **ID/CC:** Ms. _ is a _ year old s/p _ procedure on _, now post-op day # _
- **Interval History :** Doing well. Received Toradol overnight as Hct was stable. Pain very well controlled on Toradol, oxycodone 5mg, tylenol. Already was up walking this morning. Ate oatmeal this morning, no nausea, vomiting. Regaining appetite. No flatus but feels bowels moving. Denies chest pain, SOB.
- **Problem List**
 - 1.
- **Allergies**
- **Medications**
- **Vitals** (*Most recent and 24 hour range.*)
- **I&O Data:** urine output/8 hr shift and urine output/24 hours
- **Physical Exam**
 - Gen: lying in bed, NAD
 - CV: RRR
 - Resp: CTAB
 - Abd: soft, nontender
 - Incisions: Tegaderms removed, incisions intact with steris. Suprapubic incisions with surgical glue, intact.
 - Ext: trace edema, SCDs in place
 - Perineum: Vaginal packing removed, small amount of brown blood on pack. No BRB.
 - UOP: _/_cc last 24/8h
- **Laboratory Studies**
 - **Last 6 Hematocrits in Preceding 24 Hours**

05/07/14	05/06/14	05/06/14
05:50	20:27	18:00
30	32	32

Example of a post-op note

- **Problems / Assessment / Plan**
- Neuro: Pain controlled. Oxycodone PO and Dilaudid IV for breakthrough
- CV: Hemodynamically stable, excellent UOP since surgery
- Resp: Appropriate sats on RA. Encourage incentive spirometry
- FEN/GI: Tolerating regular diet
- GU: voiding trial this morning.
- Heme: EBL: 500-600 cc. Pre Op HCT 39 --> 32 POD#0 --> POD#1 30. On oral iron.
- VTE Prophylaxis: SCDs, ambulation
- Dispo: Discharge home today after void trial, seen by attending. Post-op instructions reviewed. Meds sent to pharmacy. f/u in 4 weeks with Dr. _.

Pocket resources: pretty cheap on Amazon



Get an OB wheel app!

Showing results for “pregnancy wheel”

iPhone Apps

See All >



Perfect OB Wheel
Medical

+ Download... ▾

In-App Purchases



Pregnancy Due
Date Calculator...
Medical

+ Get ▾

In-App Purchases



Hypermunes
Pregnancy Wheel
Medical

Get ▾



Preg Wheel
Medical

+ Get ▾



Pregnancy Wheel
Medical

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LactMed
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Version 1.0.1



Looking for information about drugs and breastfeeding? LactMed has information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs to consider.

Drug Name Search

Drug Class Search

Drug Name: Aspirin

- Summary of Use
- Drug Levels
- Effects in Infants
- Effects on Lactation
- Alternate Drugs
- Drug Class

TOXNET
Toxicology Data Network

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Env. Health & Toxicology

Database (LactMed) - A peer-reviewed and f
s to which breastfeeding mothers may b
are maternal and infant levels of drugs,
and on lactation, and alternate drugs to

Search LactMed

(e.g. Advil, oral contraceptives, Prozac)

Search Clear

LactMed

Preferred source for drug info during lactation

iTunes free iPhone app

Google for android app

<http://toxnet.nlm.nih.gov>