OB-GYN Clerkship Orientation

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Thanks to Kate Debiec for the ideas!

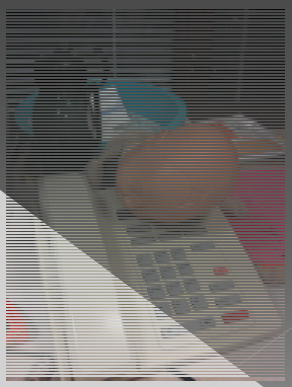
Disclaimer

- Undergrad & Med School: Minnesota
- L&Ds where I have rotated:
  - Yakima
  - Swedish
  - Group Health
  - UW

A day in the life…

- **Exact times will vary depending on clerkship site, inpt vs outpt**
- 0600: Round on inpatients (post-op, post-partum)
- 0630: Sign-out to covering residents or attendings
- 0700-1700: OR, Labor and Delivery or Clinic
- 1700: Evening rounding (post-op, post-partum)
- 1730: Evening sign-out to covering residents or attendings

The History



GYN History

- Menstrual history: **Menarche** (age of first menses), last menstrual period, **interval between periods**, **duration of periods**, quality of periods (amount of bleeding, use of products, pain)
- If menopausal: any bleeding since menopause, any symptoms of menopause
- Health care screening: pap smear history (date of most recent; **any abnormal**); mammograms if applicable
- Sexual history: coitarche (age of first intercourse), number of sexual partners, partners male, female, both, **any sexually transmitted infections**
- **Contraception**: if applicable, current method of birth control, past methods and reasons for discontinuation
- **Gyn surgeries**: list date and type of surgery

OB History

- Gravidity: total number of times the uterus has seen a pregnancy regardless of outcomes/multiples
- Parity
  - TERM (>37 weeks)
  - PRETERM (20-36+6/7 weeks)
  - ABORTIONS (<20 weeks; spontaneous or elective)
  - LIVING (# living biological children)

What about Twins?

- G3P1011-a woman who is currently pregnant, had one full term delivery and one abortion or miscarriage and one living child
- G2P1002- a woman who is currently pregnant and had twins in her first pregnancy
- G4P3003-a woman who is currently pregnant, three full term births, three living children
- G4P3002- a woman who is currently pregnant, three full term births, two living children
- G5P1132-a woman, not currently pregnant, with a history of 1 full term birth, one preterm birth, 3 abortions or miscarriages, and two living children

What about dating?

- Women can be dated by IVF, LMP, ultrasound
- LMP is used if it is within 1 week of a first trimester ultrasound, 2 weeks of a second trimester ultrasound, or 3 weeks of a third trimester ultrasound

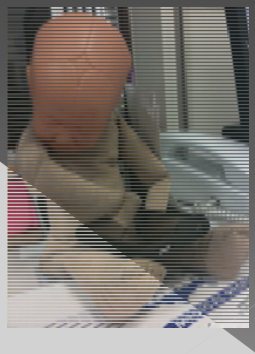
OB History

- How do they feel about this pregnancy?
- Number of pregnancies and outcomes (including dates)
- For all deliveries include:
  - Date of delivery
  - Mode of delivery (c/s, vaginal, vacuum, forceps)
  - Gestational age at delivery
  - Anesthesia if any
  - Weight of baby
  - Any complications during pregnancy, delivery or postpartum period

OB Review of Systems

- **4 questions for every patient: Vaginal Bleeding, Leakage of Fluid, Contractions, Fetal Movement**
- Evaluating for pre-eclampsia: Headache, vision changes, right upper quadrant pain, edema
- Evaluating labor: onset of contractions, frequency, strength, duration
- Evaluating rupture of membranes: time of leakage of fluid, color, quantity, continued leaking

The Physical



GYN Physical

- Inguinal lymphadenopathy
- External genitalia
- Urethral meatus
- Urethra
- Bladder
- Anus
- Perineum
- Rectal +/- stool guiaic
- Vagina (rugation, discharge, erosions/ulcers)
- Cervix (nulliparous or multiparous, lesions, ectropion)
- Adnexa/parametria
- Uterus (position, size, mobility)

OB Physical Exam

- Vital signs (include fetal "vital signs" ie. Heart tones or NST)
- Fundal height
- Leopold's
- The essentials: dilation, effacement, station, position of the baby.
  - Best exam pts have an epidural.
  - Beware that every time we examine the cervix we increase the risk of infection…

Assessment/Plan

- *If pregnant:*
  - Assessment: Do they have what they came in for (eg labor, ROM, vaginal bleeding, preeclampsia, worrisome baby)
  - Home, Admit, Observe? Deliver or Keep Pregnant?
- *If not pregnant:*
  - Assessment: What are their concerns?
  - Plan: What can you do for these concerns today/near future? When do you want to see them again? *Expectant, medical, or surgical management?*

Possible Roles

Labor & Delivery

- Triage: Ideally, med student will see triage patients before resident or attending; if limited time, see triage patients with R1 or R2
- Admits: Help write admit notes, orders, medication reconciliation
- Laboring patients: Help write labor progress notes
- Deliveries: Initially, expect to only watch deliveries, as time progresses, may be able to have a more active role in deliveries (helping position the patient, deliver placenta). Particularly in the beginning of the year at sites with residents, student may not be able to perform deliveries
- Board sign-out: Present patients at sign-out

Remember, it is a privilege to attend a complete stranger's birth!

Writing Orders: Sample only

- A – admit: to GYN, attending Dr. Zins
- D – diagnosis: s/p laparoscopy for ruptured ectopic pregnancy
- C – condition: stable/guarded/critical
- V – vitals: q4 hrs
- A – allergies: NKDA
- A – activity: ad lib
- N – nursing: strict I/Os. Call MD if temp >38.0, RR <12, HR >120, <60, SBP >130 < 80, DBP >90 <40
- D – diet: CLD/NPO/reg/fulls/softs
- I – IV fluids: D5 ½ NS + 20 mEq KCl @ 125 cc/hr
- M – meds: see med recon
- L – labs: CBC POD#1
- E – extras: foley to gravity drainage, CXR/EKG, SCDs while in bed, incentive spirometry 10x/hr while awake

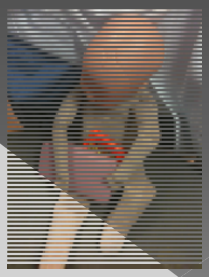
Operating Room

- Before the case:
  - Know: indication for procedure, preoperative labs, past histories
  - Meet the patient
  - Help transport patient to OR & get positioned on table
  - Introduce yourself to the OR team, write your name on the board, pull gloves in appropriate
- During case: Cutting sutures, retracting
- After the case: Help move patient from OR bed to recover stretcher, transport back to recovery room, post op check

Clinic

- Review patient history available in chart/electronic medical record
- Interview patient/obtain history. You can examine everything but the breast/pelvis if able.
- Review medical literature (up to date, blue book)

Miscellaneous



Acronyms Galore

- Acronyms in OB-Gyn (modified from University of Nebraska http://www.unmc.edu/obgyn/student/acronym.htm)
  - AFI
  - AROM
  - PROM
  - SROM
  - PPROM
  - VBAC
  - TOLAC
  - D&C
  - EBL
  - PTL
  - BPD
  - HC
  - AC
  - FL
  - AUA
  - EGA
  - EFW
  - TOP
  - GBS
  - GDM
  - PPH
  - PNV
  - ACOG
  - AFP
  - AGA
  - AMA
  - BBOW
  - BPP
  - HELLP
  - GTT
  - FSE
  - IUPC
  - HSV
  - HPV
  - STD
  - BSO
  - TAH
  - TVH
  - LAVH
  - TLH
  - C/S
  - IUI
  - IVF
  - TVUS

Bored?

- There is always something to do…
  - Ask the residents/attendings if there is something you can do to help
  - Read on a new topic
  - Prepare for the next day's OR or clinic
  - Prepare a 1-2 minute quick talk on a topic of your choice
  - Practice questions or cases on-line

10 Tips on how to succeed

- Show interest
- Make nice with the nurses.
- Ask for feedback: midrotation and at the end
- BE ON TIME. Seriously. OB-GYNs are quite punctual. THEY WILL NOTICE.
- Get your foot in the door by triaging your heart out.
- Read, read, read.
- Be prepared for the OR.
- Don't be afraid to say, "I don't know."
- Never make assumptions about relationships of people in the room, sexual history, etc…
- We welcome questions…but please ask them at appropriate times!

Not interested in OB-GYN?

- OB-GYN has useful information that will be applicable to WHATEVER your specialty is!
  - Derm?
  - ENT?
  - Neuro?
  - Peds?
  - Surgery?
  - Ophtho?
  - Cards?
  - GI?
  - ID?

Don't lie. Help us make it relevant for you!

Resources

- http://depts.washington.edu/obgyn/clerkship/
  - Objectives, assignments, online cases, schedules
- Blueprints OB-GYN, 5th edition. This is your primary text!
- Gabbe: Normal and Problem Pregnancies
  - FREE ON-LINE
- Williams Gynecology (LOVE the procedures in the back)
  - FREE ON-LINE
- Guide to Managing Contraception
- Case Files – for your shelf exam
- Pretest OB-GYN – for your shelf exam
- First Aid for the OB-GYN Clerkship
- Obstetrics & Gynecology 6th Ed – published in collaboration with ACOG

Thanks!

- Please feel free to email any questions to: azins@u.washington.edu

BONUS SLIDES

(What you didn't see in lecture…)

OB Focused Physical Exam

- *If vaginal Bleeding*: speculum or vaginal exam (know where the placenta is before doing a vaginal exam
- *If leakage of fluid*: speculum exam (pool, fern, nitrizine), U/S for presentation +/- AFI, +/- vaginal exam
- *If decreased FM*: NST, AFI (Placenta location: sometimes an anterior placenta makes perception of fetal movement more difficult)
- *If labor*, but no leakage of fluid: vaginal exam, U/S for presentation
- *If preterm labor*: speculum exam, transvaginal cervical length, fetal fibronectin, vaginal exam, U/S for presentation
- *If evaluating for preeclampsia*: check for BP and proteinuria, evaluate reflexes (noting hyperreflexia, edema)

Presenting Patients: The Short Version

Age, gravidity, parity
Gestational age by _?
Chief complaint
Big 4 OB Questions

Let's practice!

29 year old F with 1 hour of leaking fluid from her vagina.
HPI: pt started leaking clear fluid from the vagina 1 hour ago. Contracting every 7-8 minutes, not too painful. No vaginal bleeding. Good fetal movement. No fevers or chills. Otherwise negative ROS.
PMHx: asthma
PSHx: tonsillectomy
Meds: prenatal vitamins, iron, fish oil, albuterol inhaler prn
ALL: Latex
FamHx: MGM with DM, Father with HTN, Sister with twins
SocHx: Lives in Pullayup, works as a teacher. No T/E/D. FOB involved.
OBHx: This is her first pregnancy. Dated by LMP & 11 week ultrasound -> EDD 5/19/2011
GynHx: m12, reg q28 day cycles x 5 days. Has used pills in the past. No history of abnormal pap smears or STDs.
Physical Exam: afebrile, no fundal tenderness.
FHT: 120, mod var, + 15x15 accels, no decels.

The "STANDARD SPIEL"

29 year old G1P0 @ 40+1/7 weeks gestation by LMP c/w 11 week ultrasound who presents with 1 hour or leaking of fluid.
She is contracting every 7-8 minutes with moderate pain.
She denies any vaginal bleeding.
She has good fetal movement.