University of Central Florida
College of Medicine

Core Clerkship in
Obstetrics and Gynecology

Handbook

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UCF COM OB/Gyn Clerkship Director

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General Information

Welcome to the Obstetrics and Gynecology Clerkship, a six week clinical rotation during which you will be working primarily at Winnie Palmer Hospital (WPH), one of the largest women's hospitals in the country with over 14,500 births annually, making it the second largest labor and delivery unit in the US, and Florida Hospital (FH), with over 2,800 births annually. Both offer a wide variety of clinical experiences, including gynecologic oncology, minimally invasive surgery and reproductive endocrinology. While on the Obstetrics and Gynecology Service, you will be considered an integral part of the clinical team with certain responsibilities, as well opportunities for a broad range of learning experiences. It is hoped that you will come away with an understanding and appreciation of the role of the obstetrician/gynecologist as a health care provider for women of all ages; the importance of the gynecologic history and physical examination in the overall assessment of the health of women; and the major significance of competent obstetrical and gynecologic care in public health and preventive medicine.

Communication is essential during the clerkship, and we want you to feel free to ask questions or raise concerns, should they arise, regarding the rotation. Our contact information is below:

Dr. Lori Boardman Clerkship Director	(401) 952-5502 (Cell) (407) 266-1155 (COM Office) (407) 730-7935 (GSCO Office) Lori.Boardman@ucf.edu
Dr. Lori-Ann Spreitzer Site Clerkship Director- OH	(407) 981-4580 (Pager) (321) 246- 3904 (Cell) Lori-Ann.Spreitzer@orlandohealth.com
Dr. Mark Crider Site Clerkship Director - FH	(407) 403-2705 (Cell) (407) 303- 1449 (Office) Mark.Crider.md@flhosp.org
Ms. Valerie Johnson Clerkship Coordinator	(407) 454-2296 (Cell) (407) 601-3973 (GSCO Office) Valerie.Johnson@ucf.edu
WPH Residents	Text message: myairmail.com login/password = WPH

RECOMMENDED TEXTS/RESOURCES

1. Textbooks:

   - Beckmann CRB, Ling FW, Smith RP, Barzansky BM, Herbert WNP, Laube DW, Smith RP.*Obstetrics and Gynecology*. 6th Edition Phildelphia: Lippincott, Williams & Wilkins, 2010. (required clerkship text)
   - Hacker NF, Gambone JC, Hobel CJ. *Hacker and Moore's Essential of Obstetrics and Gynecology. 5th Edition.* Philadelphia: Saunders Elsevier, 2010 (supplemental text)

2. Cases/Question Banks:

   - Association of Professors of Obstetrics and Gynecology (APGO) (ww.apgo.org) has a number of useful resources and information for medical students during both their clerkships and for those interested in a career in obstetrics and gynecology. Resources include:

     - ***uWISE****:* The APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE) exam was developed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. The quizzes and comprehensive exam are excellent tools to help prepare for the NBME ob-gyn exam and national licensure examinations.
       To access: https://www.apgo.org/student/uwise2.html

       Each student requires his/her own account. Go to 'Create a new Account' and sign up using your ucf email. Leave the institution blank. When you get to the 'My Account' page, go to 'Student and Resident Resources', then 'uWISE v.2 Beta'.

     - ***APGO cases:*** APGO has developed learning cases for students to go through in a small group setting or with a preceptor. We recommend reviewing these cases throughout the clerkship and prior to your clinical skills testing and shelf exam to solidify your knowledge.

   - A number of other shelf exam preparation materials (e.g, Case Files, Blueprints, Ob/Gyn Recall) are available in the clerkship office. Just ask and you can check out review books, etc.

DIDACTIC EXPERIENCE

Lecture Series, Workshops and Gynecologic Teaching Associates:

During the first day of the rotation, you will be introduced to the basics of intrapartum and postpartum management and care (including fetal assessment tools), review the elements of the breast and pelvic examination, and participate in the number of clinical skills sessions (knot tying, suturing, vaginal delivery). For the remainder of the rotation, didactic time will include such topics as STIs, incontinence, infertility, and gynecologic malignancies. These sessions will cover basic knowledge and clinical skills and are intended to provide the prerequisites to a successful clinical experience in obstetrics and gynecology.

Locations: All didactic sessions will be delivered at either Florida Hospital or the Gore St Clerkship office on Friday mornings from 9AM to 1PM. See calendar for full details as times do change based on preceptors' clinical schedules. At times, there will also be late afternoon sessions. At times, last minutes changes must be made secondary to faculty schedules and clinical care responsibilities, so flexibility is critical. We will do our best to notify in a timely fashion, but at times, it will be last minute. Also, when leaving, notify your teams as to where you are going!

Conferences

Gynecologic Oncology (WPH): On Monday mornings, from 7:00 – 8:00AM, faculty, residents and students on the Gynecologic Oncology service will meet for Tumor Board.

Grand Rounds

Winnie Palmer Hospital- Grand Rounds is held Friday mornings from 8:00 – 9:00 AM, and attendance is required for all students unless otherwise indicated. Depending on the week, other meetings and educational events are held prior to Grand Rounds at 7AM. Relevant educational sessions (for example, journal club) will be required for all students.

IMPORTANT LOCATIONS

FLORIDA HOSPITAL ORLANDO (FH)

- **Sherman Outpatient Surgery Center (ASU):** 4th floor of the FH Orlando Medical Plaza (2501 N. Orange Avenue, Orlando, FL)
- **Main Operating Rooms (OR):** 1ST floor of FH Orlando
- **Labor and Delivery (LDR):** 2nd floor above cafeteria at FH Orlando
- **Benign Gynecology and Obstetrical Patient Rooms:** 2nd Floor / 2400 Unit
- **Gynecologic Oncology Patient Rooms:** 9th floor of Main Tower (not Ginsburg Tower) at FH Orlando
- **Offsite Clinics:**

  Loch Haven OB/GYN : 235 East Princeton Street, Suite 200, Orlando, FL 32804
  Office number: (407) 303-1449

WINNIE PALMER HOSPITAL (WPH)

- **Ambulatory Surgical Unit (ASU):** 4th Floor
- **Labor and Delivery (LDR):** Labor and delivery rooms are located on the 2nd Floor
- **Triage:** 1st Floor
- Night Float: Contact the Night Float Intern at 841-3306. They will tell you what floor to go to.
- **Operating Rooms (OR):** Operating rooms are located on both the 2nd Floor (Obstetrics only) and 4th Floor (Gynecology, some Obstetrics)
- **Gynecology Patients**: 9th Floor (may also include Gyn Onc)
- **Antepartum Patients**: 5th Floor
- **Postpartum Patients**. 6th, 7th, 8th and 9th floors with more complicated patients on 9th Floor
- **Outpatient Clinics:** Multiple sites for specialty and community practice week, check schedules
    - **Ambulatory Clinics:** 89 West Copeland

MD ANDERSON CANCER CENTER (MDACC)

- **Operating Rooms:** Will vary between WPH, 4th Floor, ORMC 4th Floor and Ambulatory Care at MDACC, 1st Floor
- **Patient Rooms:** MDACC 7th through 11th Floors as well as WPH, 9th Floor

OBSTETRICAL SERVICE: FLORIDA HOSPITAL

The Obstetrics Team:

- **Attending of the Day (AOD):** responsible for the OB service, transfer patients, and private Loch Haven patients
- **Midwife (Melanie Reis):** assists in triage and in resident and private deliveries; assists at C-sections
- **PGY2:** responsible for oversight of labor floor, all high risk triage patients (EGA 22-34 weeks), and morning high risk rounds
- **PGY1:** responsible for all resident deliveries and low risk triage patients (EGA 34+ weeks)

Student Participation:

- Students on the Gyn Surgery service at FH may be assigned to the Labor Floor during the surgery week to assist with C-sections and delveries. Ask the unit secretary to notify the team of your arrival.

OBSTETRICAL SERVICE: WINNIE PALMER HOSPITAL

The Obstetrics Team:

- **Attending of the Day (AOD):** responsible for the clinic OB service
- **Midwives:** primarily responsible for taking care of patients in triage and labor floor
- **PGY4:** responsible for patients on the OB service (including oversight of the labor floor, management of all OB admissions through Triage, and surgical instruction in the OR). Attend high-risk obstetrics clinic on Tuesdays and Thursdays
- **PGY3/LDR:** responsible for patients on the labor floor and postpartum floors
- **PGY3/Triage:** responsible for patients seen in the triage area
- **PGY2/Antepartum:** responsible for the management of patients on the antepartum service
- **PGY2/OR:** responsible for all OB cases in the OR (C/Sections; tubal ligations, etc).
- **PGY1/LDR:** responsible for patients on the labor floor, attend high-risk obstetrics clinic on Tuesdays and Thursdays
- **PGY1/Triage:** responsible for patient care in triage

OB Days

Student Schedules: These will vary based on the week assigned. For some students, they will spend the week in WPH. For others, the week will be divided between WPH and 89 Copeland. Check your schedules for assignments in advance of your time on Ob Days!

On the first day of the rotation, arrive for 7AM rounds in the nurses' conference room on the 2nd floor of WPH. Use the Silver Elevators! When you enter the room, pick up a copy of the patient list (or share with a colleague) and sit on the couches on the right.

For the rest of the week, please follow the schedules based on your assignment by the Chief Resident on Day 1.

Note: Each day you should follow the person to whom you are assigned. If that person is out or at clinic, consult with the chief resident regarding which team member you should be paired with as an alternate. As you will be working with different people every day, it is always a good idea to establish expectations at the start of the day. Also, always keep in contact with whomever you are assigned to (i.e.: if you need to leave unexpectedly due to illness or emergency, let your assigned person know via text page).

Rounding Schedules:

For the week on OB, you will round with both the Antepartum and Postpartum Services. Please note that from July through December, rounds occur separately (as noted below). From January-June, the services are combined and rounds are held at 7AM on the 2nd Floor Nurses Conference Room. Check schedule for room location. Use the silver elevators to find the room more easily.

Antepartum Rounds:

1. Meet the PGY2 at 6:45AM on the 5th Floor and proceed to Team Rounds with the PGY2.
2. Following Team Rounds, you will then see patients together with the PGY2.
3. After walk-rounds, assist the resident as he/she writes the patient notes.
4. Make sure you follow the lab/ultrasound results of your assigned patients throughout the day. Please notify the resident of any abnormal results.

Postpartum Rounds:

1. On the first day, proceed to the 2nd Floor Conference Room (door code: press 1 and 2 together, followed by 4) at 7AM for sit-down rounds. At this meeting, assignments for rounding will be made.
2. You should round on at least 2 postpartum patients. The PGY1 will initially orient you as to what to focus on during your rounds (also use templates in this document) and how to write notes. Decide with your fellow students what patients each one of you will see.
3. See the patient and write your note in the chart.
4. If possible, try to round on the patients in whose deliveries you participated.

Rounding Times for Postpartum Service:

5:00 – 6:15AM: Rounding on assigned postpartum patients and write your notes! Be prepared to present your patients to your resident/s. Have rounding and notes complete prior to resident coming to the floor!
6:15 AM: Present patients to PGY1 on service.
7:00 – 8:00AM: Team Rounds (note on Friday, Team Rounds are from 6:30 to 7:00AM)

OB Nights:

Report in scrubs at 6pm to Triage (1st Floor of WPH) for check out. Introduce yourself and get information on the laboring patient/s that you will be working with. *You will not be able to deliver patients if you do not know anything about them*. If the residents have already checked out, then ask to make a copy of the L&D patients and read the patient charts to be familiar with the service
You will follow the PGY 3 on LDR for the night (contact phone is (407) 841-3309). Time will spent with laboring patients, doing deliveries and in Triage. At 7am the following morning, report for board rounds as above, and you are dismissed after that.

GYNECOLOGIC AND GYNECOLOGIC ONCOLOGY: FLORIDA HOSPITAL

Gynecology:

On the Sunday before beginning Gyn Surgery, please contact Dr. Crider so that he can give you instructions for where and when to meet on the first day of the week. Please contact Dr. Crider by phone/text.

Location: Surgical suites are located on the fourth floor of the Medical Plaza Building at Florida Hospital or the first floor of the main hospital.

Attire: For the OR in the AM, scrubs. For PM, have professional attire and scrubs available

Schedules: While on the Gyn Service at FH, you will be in the ORs with members of the Loch Haven practice in the AMs. During the PMs, you will have the opportunity to do one or more of the following:

- Work in the LDR with the nurse midwife or members of the Loch Haven practice
- Attend one or more subspecialty clinics and work with attendings (and often fellows and residents) in a variety of areas, including urogynecology, minimally invasive surgery (MIS), reproductive endocrinology and infertility, complex gynecology (including complicated vulvovaginal disorders and colposcopy), as well as pediatric and adolescent gynecology. Learning in these settings will expose you to the breadth of obstetrics and gynecology. Prepare the night before by reading relevant content so that you can take full advantage of the clinical experience.

Gynecologic Oncology:

On the Monday of your rotation, report at 5:30 AM to Tower 9 to participate with the fellows in rounding on the gynecologic oncologic service. Park in the Alden parking garage at Florida Hospital and enter through the Ginsberg Tower/Main Entrance of the hospital. When you enter, turn left and walk straight down the corridor to the elevators. Take the elevators to the 9th floor to meet the team.

Attire: Scrubs and appropriate footware

Contact: Ms. Pam Clark can be reached after 8AM if you need assistance with your schedule. She can be reached at (407) 303-2422 (office) or (407) 312-4271 (cell).

GYNECOLOGIC AND GYNECOLOGIC ONCOLOGY SERVICES: WINNIE PALMER HOSPITAL AND MD ANDERSON CANCER CENTER

The Gynecologic Team: Attending Physician, PGY4, PGY3, PGY2, PGY1

On Day 1, arrive at 6:30AM on the 5th Floor of WPH in the Resident Conference Room for Gynecology Rounds. The door code is 2,5,3. Note that this code does periodically change. Ask your classmates from the week before for the code prior to beginning your week on surgery. When you enter the room, introduce yourself and take a seat at the table. Your Chief Resident will provide you with your assignment for the day.

Attire**:** Wear scrubs and appropriate shoes (closed toe; clogs or similar footwear is appropriate)

Rounding Times for Rest of Week:

5:30-6AM: 9th Floor. Rounds and notes should be completed prior to Morning Report. Student notes should be completed prior to residents beginning their rounds!

6:30AM Monday thru Thursday: Morning Report in 5th Floor Conference Room

The Gynecologic Oncology Team: Attending physician, PGY4, PGY3, PGY2

On Day 1, arrive at 7AM for Tumor Boards at MD Anderson on the 4th Floor in Telemed Room 4LP. Directly after Tumor Boards you will report to the Gyn-Onc team's office located at: 105 W. Miller Street, Orlando, FL. At the end of each day please discuss with a resident on the team as to what time and where you should report the following day. The residents, and not Dr. Schimp, will orient you and instruct you as to what to do on the rotation. If you start on a Tuesday (e.g., after a holiday or after orientation), please page the Onc Resident on Monday night. The resident will tell you what time and where to arrive on Tuesday. The Onc Resident Pager # is: (407) 623-6842.

Attire: Professional Attire (but bring scrubs)

COMMUNITY OB/GYN WEEK

During this rotation, you will have the opportunity to be exposed to the life of the generalist obstetrician/gynecologist in private practice (Community Ob/Gyn Week). During this experience, you will work one on one with either a single or several physician mentors. By following the clinician's schedule (including possibly the taking of call), you will be exposed to a wide variety of outpatient obstetrical and gynecologic care. This experience is extremely important in developing a broad clinical base in obstetrics and gynecology. Read and be prepared for the clinical experience!

Locations: Florida Hospital Loch Haven practice, other practices in the community. Check your schedules for locations!

Schedules:

- Loch Haven: in general, arrive at 7:45 for the AM session and 12:45 for the PM session, unless otherwise instructed. On your first day, please introduce yourself to your attending/fellow/resident and ask how she/he would like you to participate in seeing patients.
- Other Practices: Check your schedules. In general, arrive at least 15 minutes prior to the clinician's start time. This will allow for review of patient records, lab follow-up, etc, so that you are prepared for the first patient.

TIPS FOR A SUCCESSFUL OB/GYN ROTATION

General Comments:

1. You are part of the team and as such, you need to stay connected. This means staying with your assigned resident/midwife and providing the team (and particularly the resident in charge) with a contact number (most likely, your cell phone). Do not, however, expect to be called for all situtations. It is expected that you keep connected to the team and not the reverse. If you need to leave (e.g., illness, didactics, etc), it is imperative that you notify the team that you are leaving and where you are going.
2. Communicating with your team is important – it will also facilitate your learning experience! Text messaging is the preferred mode of communication. If you cannot find the resident/midwife/attending, text message them and remember to leave a call back number so that you can be contacted.
3. You are responsible for rounding every day and be prepared for the residents when they come to round and for morning report/formal rounds. Know your patients!
4. In the case of absences (planned or unplanned), notify both your Clerkship Coordinator, Clerkship Directors (emails are fine) and your team (text message). This is required and reflects professionalism.
5. Avoiding asking questions in the middle of an emergency or when you feel as though it isn't appropriate. Instead, write them down and ask when the situation calms down.

On the Labor Floor and in Triage:

1. You are responsible for rounding on either postpartum or antepartum patients each morning.
2. Write your name and pager number on the LDR board so you can be contacted.
3. Keep notes on the patients you are following and update the residents, midwives or attendings as appropriate
4. Ask a resident or attending if a patient is appropriate for you to see in triage before seeing them.
5. All vaginal exams are to be performed only with a resident, midwife or nurse practitioner

On All Gynecology Services:

1. The night before, determine the patients you will see the following morning. Note that overnight admissions and consults will be conveyed to the team by the Night Float resident when at WPH or MDACCO. Check with your team regarding rounding on overnight admissions or participation in consult follow-up.
2. You should definitely round on patients whose surgeries you attended. Once your note is written, please review it with the resident involved in the case.

3. Make sure you know which cases you will be scrubbing on prior to going to morning report. The Attendings or Chief Residents (depending on the service you are on) will assign cases the night prior to surgery (the assignments will be posted on MDSwift at WPH). Read up on the surgeries you will be involved in the next day. In the morning, meet the patients in the ASU (you can see patients alone or in the company of your resident) and read their H&P prior to going to morning report, if possible. Being prepared and knowing your patients is critical to your success on the rotation!
4. Proceed to OR with your assigned resident. Make sure to meet the OR staff, write your name down for them, ask if they need your gown and glove size, and meet the attending (if available) before scrubbing.
5. You should be involved in post-operative checks on the day of your patient's surgeries (consult with your resident regarding timing and location).
6. *Prior to leaving the hospital for the day, check the OR schedule to see what cases your assigned resident will be taking you to the following day. You are expected to be familiar with the assigned surgeries! Know your pelvic anatomy!*

LOGGING YOUR PATIENT ENCOUNTERS DURING THE CLERKSHIP

For the Ob/Gyn core clerkship, we require that you log your patient encounters and procedures in OASIS. Logging encounters requires some energy and time on your part, but we believe that it can enhance your educational experience during this clerkship in at least three ways:

1. Logging encounters allows you to track your progress toward achieving the learning objectives of the clerkship. The quantitative criteria, which have been developed by your faculty in this clerkship, are the clearest way of communicating the clinical learning objectives for this clerkship. By logging your clinical experience, you can track your progress toward achieving these learning objectives of this clerkship. This is the essence of the self-directed learner, i.e., to reflect on your experience and to seek learning opportunities that help to fulfill your personal objectives.
2. Tracking one's learning and professional activity is a professional behavior that will be asked of you for the remainder of your career. Outstanding clinicians routinely review their clinical practices in a systematic way that allows them to improve the delivery of care to their patients. Most licensure, specialty certifications and recertifications require documentation of patient care experience. Reflecting on and improving one's practice is a core competency of residency training programs, referred to as 'Practice Based Learning and Improvement.
3. Logging patient encounters provides the clerkship director with the data to compare site and learning experiences and to improve the clerkship for you and future students. This data is reviewed not only in this department, but across the entire curriculum, and by national medical school accreditation bodies such as the LCME.

Completion of the Passport is a requirement for passing the clerkship. We believe that the integrity and timeliness of documentation of your patient encounters is a measure of your professionalism during this clerkship. Your encounters will be reviewed at the midpoint of the clerkship and during week 5 (if needed) by Drs. Boardman, Spreitzer or Crider to ensure that no adjustment in your experience or your approach to learning in the clerkship is needed.

PATIENT PASSPORT

The purpose of the Patient Passport is to ensure that each student is exposed to the depth and breadth of Obstetrics and Gynecology. After week 3 of the rotation, please check your passport and ask your attendings/residents to assist you in meeting your requirements. The passport will be reviewed at the mid-clerkship feedback session. We do not expect it to be completed at that point, but rather, we will use it as a gauge of how the rotation is progressing for you.

You are required to log at least one patient within each of the following categories (note that an individual patient may fall into more than one category). **Please keep tally of total numbers!**

		Date/Reviewed by/Tally
Gynecology: Patient Types/Clinical Conditions	○ Breast disease/breast health/abnormal mammography ○ Pelvic pain ○ Amenorrhea ○ Menstrual Disorders (AUB/PMS) ○ Contraception ○ Perimenopause/Menopause ○ Infertility ○ Pelvic Mass ○ Prolapse/Incontinence ○ Abnormal cerical cytology ○ STI screening/management ○ Vaginitis/Vaginal discharge ○ Post-operative visit ○ Well woman history/exam	
Obstetrics: Patient Types/Clinical Conditions	○ First trimester bleeding ○ Third trimester bleeding ○ Abdominal pain in pregnancy ○ Antepartum visit ○ Diabetes in pregnancy ○ Gestational HTN/preeclampsia ○ Post-term pregnancy ○ PROM/PTL ○ Term labor ○ Peripartum infection ○ Multiple gestation ○ Breastfeeding	

You are required to log at least one patient whose procedures you either participated in, performed or observed. **Please keep tally of total numbers!**

		Date/Reviewed by/Tally
Clinical Skills: Physical Examination Skills	○ Breast examination ○ Speculum examination ○ Bimanual examination ○ Estimation of gestational age (fundal height measurement) and fetal heart tone exam technique	
Clinical Skills: Testing and Procedural Skills	○ Pap test ○ Wet mount preparation and exam ○ Cervicovaginal testing for STIs ○ Evaluation of ROM ○ Interpretation of pelvic ultrasound findings ○ Demonstration of basic steps in vaginal delivery ○ Cesarean section ○ Tubal ligation (PPTL or interval procedure) ○ Abdominal hysterectomy ○ Other hysterectomy (robotic, LAVH or vaginal hysterectomy) ○ Colposcopy ○ Dilation and curettage ○ Hysteroscopy ○ Laparoscopy	

We realize that students may not encounter women with all of the conditions or assist with all the procedures listed above. For those categories where a patient encounter or a procedure did not occur, students must complete the uWise module on that topic. Please print out the completed module and submit along with the passport to Carlene Grant at the conclusion of the rotation. Indicate on the passport that the category was completed by filling in the letter "M."

CLERKSHIP ATTENDANCE POLICY

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Ob/Gyn Clerkship for ***approved circumstances***. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Ob/Gyn curriculum.

1. On this 6 week clerkship, students will be allowed to miss **three** full days of responsibilities as excused absences for the following:
    - ❑ Illness
    - ❑ Family emergencies
    - ❑ Presentation at professional meetings (see comment below)
2. Absences due to illness or family emergencies should be reported to Dr. Boardman, Dr. Spreitzer or Dr. Crider, as well as the supervising physician/chief resident on service on the first day of being absent. Approval for student presentations at professional meetings must be requested in advance (refer to UCF COM M.D. Program Student Handbook). Such absences must be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, you must inform your supervising physician/chief resident of your absence. The Student Absence Form will be completed and forwarded to the Office of Student Affairs by the Clerkship Director.
3. Excused absences exceeding three days may require make-up through the taking of call on weekends.
4. Your 3 days of excused absences do not include vacation, social events (such as weddings, graduations) or personal days.
5. Any questions or problems during the clerkship should be addressed with Drs. Boardman, Spreitzer, or Crider.

Policy on Unexcused Absences

In the event of an absence from the clerkship without permission from the clerkship director, the student will lose 5 points per absence from their final clerkship grade. In addition, it will be at the clerkship director's discretion to require additional remediation (e.g., the taking of extra call).

DUTY HOURS

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the **Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.**

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student* i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.

    a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

    b. Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.

    c. In-house call must occur no more frequently than every third night.

    d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.

    e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.

2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in OASIS may result in participation point penalization from final grade.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

CLERKSHIP OBJECTIVE

By the end of the clerkship, the student will be able to:

1. Perform and document a thorough obstetric and gynecologic diagnostic evaluation, including a complete patient history (including menstrual, obstetric, gynecologic, contraceptive and sexual history) and an appropriate physical examination (including breast & pelvic exams as indicated).
2. Collect cervical cytology and interpret results according to current established guidelines.
3. Discuss the physiology and anatomic changes associated with pregnancy and the physiologic functions of the fetus and placenta.
4. Understand how to diagnose pregnancy, determine gestational age and identify women at risk for pregnancy complications.
5. Develop differential diagnosis for first-trimester bleeding and pain, identify risk factors and describe initial evaluation of ectopic pregnancy, molar pregnancy and spontaneous abortion.
6. List the signs, symptoms and stages of labor, demonstrate the steps of a normal vaginal delivery and identify common intrapartum and postpartum complications.
7. Identify common medical and surgical complications occurring during pregnancy.
8. List common causes of bleeding in the third trimester.
9. Identify symptoms and summarize physical findings associated with gestational hypertension, preeclampsia and eclampsia.
10. Discuss endocrinology & physiology of menarche, normal menstrual cycle, and menopause.
11. Identify the common causes, evaluation methods and treatment options for an adolescent, reproductive-aged woman or postmenopausal woman with abnormal uterine bleeding.
12. Counsel a patient regarding contraceptive choice, focusing on the effectiveness, reversibility, benefits, risks and financial considerations of various contraceptive methods.
13. Differentiate symptoms, physical findings, evaluation, management and public health issues associated with common vaginal and vulvar disorders, including sexually transmitted infections.
14. Summarize the risk factors, signs and symptoms, physical exam findings and initial management plans for patients presenting with cervical, uterine and ovarian malignancies.
15. Assess signs/symptoms of menopause & describe evidence-based management of symptoms.
16. Outline the diagnostic approach to evaluating common benign and malignant breast disorders in both pregnant and non-pregnant women.
17. Discuss social and health policy aspects of women's health, including ethical issues, abortion, sterilization, intimate partner violence, adolescent pregnancy and access to care.
18. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health care professionals.
19. Address sensitive issues with compassion and respect, regardless of a patient's gender, race/ethnicity, cultural or socioeconomic background.
20. Use information technology to access medical information, critically assess current literature and provide literacy-appropriate educational information to patients and families.

THE CASE PRESENTATION

Objectives:

- To present the history, physical examination findings and outcome/s from a patient *preferably** seen during the course of the Ob/Gyn clerkship;
- To engage fellow classmates in the process of this presentation, allowing them to ask questions regarding examination findings and laboratory results prior to presentation of actual results;
- To review the literature on the topic of the case presentation; and
- To provide your colleagues with a structured overview of the objectives in preparation for the shelf examination at the clerkship's conclusion.

Materials: You will each be assigned a topic for a case presentation (half of the cases will be from obstetrics, the other half from gynecology), a list of objectives and a suggested list of references. The references are drawn largely from review articles or in some cases systematic reviews, meta-analyses or clinical trials in the recent literature.

Format: Slide presentation (suggest no more than 20 slides)
Time: 20 minutes (10 minutes on case, 10 minutes on topic review)

Evaluation: Clerkship Director or Site Director will score your presentation on a scale of 1 to 5 (Poor, Fair, Satisfactory, Very Good, Excellent). The evaluation is based on a composite score of the following: (1) case/cases well chosen to demonstrate key clinical issues, (2) effective coverage of central points in diagnosis and management, (3) actively engaged peers, (4) content organization, (5) critical appraisal of relevant published literature, (6) current guidelines/recommendations used, (7) effective use of audiovisuals, and (8) summary of main points at end of talk.

** If an appropriate patient is not seen, please work with Dr. Boardman to develop a representative case.*

ETHICS CASE WRITE-UP

1. Select a case you observed or participated in during this rotation, or choose one that was discussed in one of the clerkship ethics sessions that presented an ethical dilemma. **Briefly describe the case, outlining the obstetric or gynecologic situation and the pending medical or surgical decision. Frame the ethical questions.** (What are the treatment options available? Who are the participants in the situation? Finally, what is the ethical dilemma or problem?)

2. Ethical dilemmas often arise out of values conflicts, conflicting obligations or interests. While conflicts *between* individuals are common, ethical dilemmas are often felt as internal to individuals as a result of competing considerations. **Outline the competing considerations in the case you have selected.** (Why does this case present an ethical dilemma *for you*? These considerations may arise from your personal values and beliefs, on your conception of your professional obligations or on other factors.)

3. According to Bernad Lo, "…ethics connotes deliberation and explicit arguments to justify particular actions… [and]…focuses on reasons why an action is considered right or wrong. It asks people to justify their position and beliefs by rational arguments that can persuade others." **In your role as medical student (or, if you prefer, if you were the *resident* or *attending physician* in the case), what course of action would you pursue? What explicit arguments would you use to justify that course of action?**

4. Very often, in ethical dilemma, there is no one "right" answer or course of action. **What counterarguments might a classmate, colleague or non-medical person advance to support a different course of action?**

5. Often, *not* speaking up in the face of an ethical dilemma is much easier than raising a difficult issue, especially on a busy clinical service. An article by James Dwyer was entitled "Primum non Tacere (First, be not *silent*): An ethics of "speaking up" outline both the barriers to speaking up and costs of medical student silence in the face of ethical dilemmas. **If applicable, what harms may ensue should you (or the clinician, from whose perspective you are presenting the scenario) decide to keep your concerns to yourself in the case you have chosen?**

6. The case write-up (1-2 pages in length) must be submitted to Ms. Grant (see schedule for date and time). When writing your paper, please make sure each of the 5 areas in bold above are addressed in full.

WRITTEN HISTORY AND PHYSICAL EXAMINATIONS

In order to provde you with more structured feedback, the following is required:

- ✓ **Two written H & Ps**
  - These should not be recurring visit notes or SOAP notes
  - One should be from a pregnant patient (either antepartum admission or labor admission note), the second should be from a gynecologic or gynecologic oncology patient admission
  - First H&P is due Wednesday of week 3, prior to mid-clerkship feedback session
  - Second H&P is due Wednesday of week 5, prior to clinical skills testing
  - Each H&P should be emailed to Dr. Boardman and cc'd to the Clerkship Coordinator
  - Feedback and grading will be provided in writing and/or in person. Checklists are used for both H&Ps and are posted on MEDS.
  - For the first H&P only, you may resubmit a revised H&P. If adequately improved, you can receive at maximum, 1 additional point.

- ✓ **Scoring for Each H&P:**

Cumulative score of 30-32	7 points
Cumulative score of 27-29	6 points
Cumulative score of 22-26	5 points
Cumulative score of 18-21	4 points
Cumulative score of 15-17	3 points
Cumulative score of <15	Score at clerkship director's discretion

It is strongly suggested that you use templates in the handbook as you put together your H&Ps.

CLERKSHIP ASSESSMENT COMPONENTS

1. **Clinical Evaluations** **45 points**
   - Faculty/Residents/Midwives

2. **NBME Ob/Gyn Shelf Examination** **20 points**
   - Scaled score ≥5th percentile (corresponds to COM grade of ≥70%) to pass
   - Scaled score must equal or exceed the 75th percentile in order to be eligible for an "A" on the rotation

3. **Clinical Skills Exam** **10 points**
   - Three stations:
     a. Performance and documentation of breast and pelvic exams (4 points)
     b. Non-Directive Options Counseling for Unplanned Pregnancy (3 points)
     c. Contraceptive Counseling (3 points)
   - Must pass the Clinical Skills Exam to pass the rotation.
   - Checklists available in MEDS

4. **Case Presentation** **10 points**

5. **History and Physicals (2)** **10 points**

6. **Ethics Case Essay** **5 points**

7. **Other** **See below**
   - Attendance of at minimum 85% of clerkship didactics
     - ✓ Less that 85% attendance (unless excused) results in 5 point deduction of final clerkship grade
   - 0.5 point deduction for each late assignment
   - Unexcused absence from clerkship results in loss of 5 points from final grade for each absence without permission

The Clerkship Director reserves the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.

CLERKSHIP FINAL GRADE

To receive an A:

- ✓ Must score ≥75th percentile on NBME shelf exam to be eligible to receive an "A"
- ✓ Must have a final calculated clerkship grade of at least 90
- ✓ Must have completed all clerkship assignments on time
- ✓ Must have returned all clerkship items on time
- ✓ No issues of concern regarding Professionalism

To receive a B:

- ✓ Must score ≥5th percentile on NBME shelf exam
- ✓ Must have a final calculated clerkship grade of at least 80
- ✓ Must have completed all clerkship assignments on time
- ✓ Must have returned all clerkship items on time

To receive a C:

- ✓ Must score ≥5th percentile on NBME shelf exam
- ✓ Must have a final calculated clerkship grade of at least 70

NBME Shelf Examination Failures

- ✓ For scores <5th percentile on NBME shelf exam, you will receive an I
- ✓ Exam must be retaken prior to beginning year 4
    - If retake score ≥5th percentile, Clerkship Director will determine final COM score based on cumulative mean scaled score for entire year. Student will not be eligible to receive an "A" on the rotation even if retake score is ≥75th percentile
    - If retake score <5th percentile, student will receive a "F" on the rotation and must retake the clerkship

CLINICAL EVALUATIONS: SCORING RUBRIC

Calculated Score Description:

- Each student graded on 19 items evaluating the 6 ACGME Competencies (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Systems-Based Learning, Practice-Based Learning and Improvement). Full evaluation can be seen in MEDS.
- Each individual item is graded on a scale of 1 (below expectations) to 8 (outstanding).
- A final mean score is calculated for each evaluation using the scale of 1 to 8
- Scores falling between integers are rounded to closest integer
- Clinical evaluations contribute 45 points to final grade calculation
- Requires minimum of 4 evaluations from faculty/residents/midwives

Evaluation Mean Score:	Grade %	Points to Final Grade
Mean Score of 8	100%	45
Mean Score of 7	93%	42
Mean Score of 6	87%	39
Mean Score of 5	82%	37
Mean Score of 4	77%	35
Mean Score of 3	72%	32
Mean Score of 2	67%	30
Mean Score of 1	62%	28

CLINICAL SKILLS TESTING: SCORING RUBRIC

Calculated Score Description:

- 3 Stations:
  - Breast and Pelvic Examination and Documentation (BP, 4 points)
  - Contraceptive Counseling (CC, 3 points)
  - Unplanned Pregnancy Counseling (UP, 3 points)

- Grading

Criteria	Breast/Pelvic Exam	CC and UP
✓ At least 50% scored items are "Exceeds Expectations" ✓ No starred item(*) is "Below Expectations"	4	-
✓ At least 25% scored items are "Exceeds Expectations" ✓ No starred item is "Below Expectations"	3	3
✓ Less than 25% scored items are "Exceeds" ✓ No starred item is "Below Expectations"	2	2
✓ More than 25% of items are "Below Expectations"	1	1

THE CASE PRESENTATION: SCORING RUBRIC

Calculated Score Description:

- Each student graded on scale of 1 to 5 (1 = Not done to 5 = Excellent) for 8 grading components previously described. Total maximum possible = 40
- Case presentation contributes 10 points to final grade calculation

Calculated Scoring:	**Points to Final Grade**
○ Cumulative score of 38-40	10 points
○ Cumulative score of 35-37	9 points
○ Cumulative score of 32-34	8 points
○ Cumulative score of 28-31	7 points
○ Cumulative score of 24-27	6 points
○ Cumulative score of <24	Score at clerkship director's discretion

HISTORY AND PHYSICAL: SCORING RUBRIC

Calculated Score Description:

- Each student submits two formal, written H&Ps for grading
- One H&P is on an obstetrical patient, the other on a gynecologic patient
- Each H&P is graded using a checklist (see MEDS for the Ob H&P and the Gyn H&P). Maximum score on each H&P is 32.
- H&Ps contribute 10 points to final grade calculation (5 points for each H&P)

Calculated Score (based on mean of two H&Ps)		Points to Final Grade
○ Exceptional	Mean Score of 7	10 points to final grade
○ Above Expectations	Mean Score of 6	9 points
	Mean Score of 5	8 points
○ Meets Expectations	Mean Score of 4	7 points
○ Below Expectations	Mean Score of 3	6 points
	Mean Score of 2	5 points
○ Unacceptable	Mean Score of 0-1	0 points

ETHICS CASE WRITE UP: SCORING RUBRIC

Calculated Score Description:

- Ethics Write-Up contributes maximum of 5 points to final grade calculation

Criteria	Points
✓ Describes the case ✓ Outlines the obstetric or gynecologic clinical situation ✓ Frames the ethical questions/principles involved in case	If done, receive 1 If not done, 0
✓ Outlines competing considerations (why does chosen case present an ethical dilemma?)	Done = 1 Not done = 0
✓ Discusses course of action that he/she would pursue ✓ Provides justification for chosen course of action	Done = 1 Not done = 0
✓ Outlines and discusses counterarugments that might be advanced to support a different course of actions	Done = 1 Not done = 0
✓ Addresses harms that may ensue should the student (or the clinician) decide not to voice concerns	Done = 1 Not done = 0

GRADING POLICIES

To be completed by clerkship rotation mid-point:

Prior to the mid-rotation feedback session,

- Update your Patient Passport by Wednesday of the third week. It will be reviewed with you in order to gauge your clinical experience and advise you as to alternative means to complete experiences that you may not have an opportunity to observe/participate in by the end of the clerkship
- Complete the self-assessment in OASIS by Wednesday of the third week. The Clerkship Director will not complete the mid-rotation feedback session until the student has completed her/his self-assessment.

For your final evaluation to be complete, the following must have occurred:

1. **No more than 3 missed clerkship days for allowed absences only**. If > 3 days are missed, students must complete all make-up requirements prior to receiving a final grade.
2. All clerkship materials (textbooks, review books, scrubs, etc) must be returned at end of rotation to the Clerkship Coordinator.
3. **Ethics write-up.** Completed and emailed to Dr. Boardman (and cc'ed to Clerkship Coordinator) on date listed on didactic schedule.
4. **Completion and submission of two H&Ps**
5. **Patient Passport:**
    a. Must be fully completed in OASIS
    b. Any incomplete items must be completed by use of uWise materials and given to Clerkship Coordinator by final day of rotation
6. **All clerkship materials (books, scrubs etc)** must be returned to the Clerkship Coordinator by last day of rotation.
7. **All clerkship evaluations must have been completed in OASIS** as follows:
    a. University of Central Florida College of Medicine Core Clerkship Course Evaluation
    b. Teaching Evaluation Form (Faculty and Residents): Must complete minimum of 10 faculty/resident evaluations.

Grades will be held until all assignments are completed in OASIS and all materials are returned.

Unsuccessful Clerkship, Clerkship Remediation, Grade Appeal

Please refer to the UCF COM Student Handbook, Section V. subsection B. Medical Student Advancement and Faculty Evaluation, for details on remediation and appeal of Ob/Gyn clerkship assessment (see http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf).

SAMPLE NOTES/ORAL PRESENTATION FORMAT

Admission History and Physical (OB Patient)

CC: Age, G/P, weeks of gestation, dating criteria, presents with complaint of …. Mention status of membranes, bloody show, fetal movement, frequency of contractions, GBS status

Prenatal Course: Pt received PNC at _____ clinic beginning at ____ weeks
Dating: LMP _____ EDC _____
USG on (__/__/___ c/w ____wks gest) EDC_____
PN Issues: (list all that apply)

Prenatal Labs: Include results on blood type/antibody screen, CBCs, RPR, Rubella, HbsAg, GC/CT, GBS, diabetes screen, HIV, PPD, U/A (and urine cultures if done), Pap, and other (sickle screen, hemoglobin electrophoresis, 3-hour glucose tolerance test, etc)

Past OB History: List all pregnancies (year) and outcomes (gestational age, type of outcome, etc). For example:
1999, 40 weeks, NSVD, 9'5"
2002, 7 weeks, TOP, no complications

Past GYN History: Menarche/length of cycles/duration of cycles
Also list abnormal Paps, STIs (and follow-up, e.g., colposcopy)

PMH and PSH: Note medications/allergies here. List all medical issues. For surgery: note in particular major abdominal surgeries, prior C/Sections (also not type of uterine scar), prior surgeries to cervix (cone biopsy, LEEP)

Social History: Focus on current living situation, language spoken. Also note any psychosocial issues, toxic habits

Family History: Include relevant issues such as chromosomal abnormalities, etc

Physical Exam: Include VS, Heart/Lungs/CVAT
Abdomen: NT, gravid, fetal presentation, EFW
Extremities
EFM: Note frequency, duration, intensity of contractions and record baseline fetal heartrate (assess strip for variability, accelerations, declerations)
VE: dilation, effacement, station, position

Assessment/Plan: 26 yo G1 at 38 weeks with SROM x 4 hours, meconium-stained fluid, in latent phase labor. GBS+, tracing reassuring. Plan for pitocin augmentation, continuous monitoring, begin PCN.

Name:_____ MSIII (UCF)

SAMPLE LABOR PROGRESS NOTE (SOAP)

S- Mom feeling pain with ctxs. Last had 1 mg Stadol 1 hr ago.

O- BP 123/72 HR 87 T 98.2

FHR (fetal heart rate) baseline 135 with moderate variability, + accelerations, no decelerations.

Contracting Q5'. Pitocin running @ 5 milliunits/min. MVU's (Montevideo units) in 200's.

SVE (vaginal exam): 5 cm (dilation)/ 80% (effacement) / 0 (station).

A/P - 18 y/o G3P2002 s/p AROM @1200 in active labor with adequate contractions. On Friedman curve. Will continue Pitocin and monitor.

Name: _____ MSIII (UCF)

SAMPLE DELIVERY NOTE

NSVD of NB girl/boy weight___, Apgars ___ & __ over (episiotomy type or intact perineum) spontaneously (or vacuum assistance, forceps). Nuchal cord x ___ easily reduced (or clamped and cut). Infant suctioned on perineum, cord clamped and cut. Placenta delivered intact and grossly normally to inspection. Lacerations: cervical, vaginal, or periurethral. Sutured using __ suture. EBL (estimated blood loss) _____ (use 300 cc for average delivery). Mom and baby doing well. Attended by _____.

SAMPLE ANTEPARTUM NOTE

S: What the patient reports (comfortable, cramping, etc) using her words. Fetal movement? Vaginal bleeding? Leakage of fluid? Contractions? Pre-eclampsia questions if applicable (h/a, edema, SOB, RUQ pain, visual changes, if on MgSO4 - SOB, N/V)

O: VS. including I/O include EFM and toco here

Cardiac: RRR

Lungs: clear to auscultation

Abdomen: Fundus non tender.

Extremities: DTRs. Non tender; no edema, cords, Homan's sign

Report any relevant laboratory findings

A: Pt is a xyo GxPxxxx at xx weeks admitted with x. Now stable on HD#x.

P: Note any daily plans – you will likely discuss this with your resident

SAMPLE POSTPARTUM NOTES

Post partum Day #1

S: Complaints? Lochia? Number of pads used? Pain? Ambulating? Voiding? Passing flatus (if C/S)? Eating regular diet? Any nausea/vomiting?

O: Vitals-note temperature elevations, Gen, Heart, Lungs, Abd (esp. tenderness, fundal height, incision if c/s or pp btl-remove dressing POD #1), Extremities (calf tenderness, Homan's sign negative)

A/P:

1) 18 y/o G3P3 PPD#1 s/p NSVD @ 1830 on 3/15/95 of term NB (newborn) -- doing well

2) Contraception: requesting Depo-Provera, OCP prescription, or has signed BTL papers

3) Breast/Bottle feeding

Post partum Day #2

SO: Complete as for PPD#1

A/P: 1)18 y/o G3P3 PPD#2s/p NSVD term NB -- doing well. Home today.

2) BTL planned for today. Home after procedure.

Post Partum Day #3/4 (C/S only)

SO: Complete as PPD #1

A/P: 1)18 y/o G3P3 POD#3 s/p LTCS term NB -- doing well. Home today.

Remove staples and apply steri-strip prior to D/C. (Staples should stay in about 7 days if patient had a vertical skin incision or is obese). F/U in 2 wks at post partum clinic.

SAMPLE ORAL PRESENTATION

Ms Smith is a 16 year old G2 P0100 at 31 weeks and 4 days by a 19 week ultrasound not consistent with her LMP. She presented at 1000 with ruptured membranes, leaking clear fluid since 2300 last night. PROM of clear fluid confirmed in triage (+nitrozine/+fern/+pooling). Her cervix appeared long and closed. She reports mild cramping, negative bloody show and positive fetal movement. Her GBS status is unknown.

She received prenatal care at Orange County Health Department beginning at 20 weeks.

PN issues include:

1. PROM at 31 weeks
2. Previous history of 23 week loss
3. Smokes 1 PPD
4. Elevated DS of 166 with normal 3 hour GTT (list all values)
5. Positive for Chlamydia, treated and TOC negative
6. Second unplanned, rapid repeat pregnancy

PN labs otherwise normal. Blood type O+. GBS unknown

OBHx: 2006, 23 week IUFD, had D+E without complication. Declined autopsy.
Gyn Hx: Abnormal Pap in pregnancy (rescreen one year).
Med Hx: Allergic to sulfonamides (hives)
Surg Hx: None
Family Hx: History of brother with Down Syndrome
Social Hx: Smokes 1 PPD, denies ETOH, drug use
Lives with mother and 3 sibs. Completed 9th grade
Accepting of unplanned pregnancy, FOB not involved.

Assessment: At present, the patient is comfortable. Her vital signs are stable, temp is 97.6. On the monitor, she is having mild, irregular contractions, FHTs are reaction without decels. Her PE is normal, with no abdominal tenderness. On USG, the vertex is presenting, the EFW is 1350 grams, the AFI is 5.8. We were unable to get an adequate vaginal pool for evaluation of fetal lung maturity. GC/CT and GBS cultures were obtained.

Plan: Admit, begin IVRL, EFM and obtain labs (CBC, T+H, UA C+S, urine tox). Begin PCN and betamethasone. Peds consult, SS Consult. F/u culture results.

SAMPLE GYN ADMISSION HISTORY AND PHYSICAL

CC: In patient's words

HPI: First sentence should include age, parity, LMP and present problem (i.e., details about chief complaint and other relevant information)

Menstrual History:	Age at menarche; duration, flow and cycle length of menses; abnormal bleeding (including intermenstrual bleeding, contact bleeding); dysmenorrhea; PMS: climateric
Gynecologic History:	Breast history (history of breast disease; present breastfeeding; date of last mammogram if applicable) History of infertility Last Pap result (also include history of abnormal Paps, treatments)
Contraceptive/ Sexual History:	Current method (include patient's satisfaction with method) Past contraceptive methods Indicate if currently sexually active or not; number of partners (lifetime and in past 6 mos; new sexual partner in last 6m) Hx of sexual victimization STIs (GC, CT, syphilis, HSV, HPV, trichomonas, HIV, TB, HBV
PMH:	Current medications and allergies Medical issues
PSH:	All surgeries including gyn/ob surgeries and transfusions
Family History:	Significant medical issues (such as HTN, CVD) and reproductive issues (e.g., BRCA+, endometriosis, etc).
Social History:	Current partner status, employment, age and health of children, social supports
ROS:	Concentrate of GY/GI: pertinent negatives may include abnormal discharge, abnormal bleeding, dyspareunia, abdominal/pelvic pain, dysuria, hematuria, urgency, incontinence, change in bowel habits, rectal bleeding. For peri/postmenopausal women: hot flashes/night sweats, vaginal dryness, abnormal bleeding, dyspareunia, mood changes
PE:	VS, thyroid, breast, lungs, heart, abdomen, extremities Pelvic and Rectal should be done with provider (list components as external genitalia, vagina, cervix, uterus, rectovaginal)
Assessment/Plan:	Dictated by findings above.

SAMPLE OPERATIVE NOTE AND POST-OP ORDERS

Pre-Op Diagnosis: 52 yo, with fibroid uterus, failed medical management, desires surgical treatment
Post-Op Diagnosis: Same
Procedure Performed: TAH/BSO
Surgeon: Attending Name
Assistant: /Resident name/student name and year
Anesthesia: GETA (general endotracheal)
Operative Findings: 16 week size uterus, multiple submucosal fibroids, normal ovaries and tubes
Specimens: Uterus, cervix, bilateral fallopian tubes and ovaries
Antibiotics: Ancef 2g IV x1
IV Fluids: 1500 cc LR
EBL: 200 cc
Urine Output: 325 cc at the end of the procedure
Complications: none
Drains: Foley to gravity

Post-Operative Orders

Admit: to PACU
Dx: Fibroid uterus s/p hysterectomy
Condition: stable
Vitals: as routine
Allergies: PCN
Activity: out of bed as tolerated
Nursing: SCDs in place, foley to gravity
Diet: clears
IV: LR 125cc/hr
Meds: check with your resident/attending
Labs: CBC in am

SAMPLE POST-OPERATIVE NOTE

UCF MSIII Note, POD#__, Type of Procedure Performed

S: Report how patient is feeling, pain scale and location, ambulation?, foley or voiding without difficulty?. Report fluid or dietary intake, any GI side effects (passing flatus? nausea? vomiting?)

O: VS Temp/BP/P/R (given in ranges)
I/O __/__, balance: ____ (number of cc's including all IV and PO and Foley)
CV
Pulmonary
Neuro
Abdomen: Note presence and quality of BS, distension; if with incision, is the patient appropriately tender? If following C/S, note size of uterus relative to umbilicus.
Incision: C/D/I (or dressing C/D/I). Description of type of closure. Is incision well-approximated; note erythema, edema, drainage.
Extremities: no tenderness or edema

Labs or other diagnostic study results

A/P: ___ yo G__P__ POD#__ s/p _____ for _____

1. CV: VS stable, no issues
2. Resp: incentive spirometer at beside, no issues
3. Neuro: pain ___ controlled, reassess ____ dose. Start/continue pain meds PO.
4. GI and FEN (fluid, electrolytes, nutrition): tolerating fluids, consider advancing to regular diet as tolerated. KVO IVF.
5. GU: D/C Foley and trial of void; adequate urine output; continue I/O
6. Ext: encourage ambulation/OOB
7. Report relevant lab results
8. Disposition per attending (private) or resident (clinic patient)