University of Central Florida
College of Medicine

Core Clerkship in
Obstetrics and Gynecology

Handbook
2011-2012

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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 working 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 (Office) Lori.Boardman@ucf.edu
Dr. Lori-Ann Spreitzer Site Clerkship Director- OH	(407) 981-4580 (Pager) (321) 246- 3904 (Cell) spreitzerpaulandlori@yahoo.com
Dr. Kristin Jackson Site Clerkship Director - FH	(407) 902-7400 (Cell) (407) 303- 1449 (Office) jjax4@hotmail.com
Carlene Grant Clerkship Coordinator	(347) 613-5997 (Cell) Carlene.Grant@ucf.edu
FH Residents	Senior Beeper: In house- 872-4724
WPH Residents	Text message: myairmail.com login/password = WPH

RECOMMENDED TEXTS/RESOURCES

1. 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)

2. Hacker NF, Gambone JC, Hobel CJ. *Hacker and Moore's Essential of Obstetrics and Gynecology. 5th Edition.* Philadelphia: Saunders Elsevier, 2010 (supplemental text)

3. 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: http://www.apgo.org/elearn/uwise/index.cfm?doc=uWise%20units

   Your username is ucf and password is uwise147

   ✓ ***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 prior to your clinical skills testing and shelf exam to solidify your knowledge.

   ✓ For information on careers in Obstetrics and Gynecology: *http://apgo.org/members/medical-students.cfm*

4. ***Ethics requirement***: As part of your clinical experience as a UCF Medical Student, you will have two Ethics sessions during this rotation and are responsible for completing an ethics write up. Additional materials which should be reviewed prior to each session will be posted to the clerkship website.

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.

All didactic sessions will be delivered at either Florida Hospital or Winnie Palmer Hospital on Friday mornings from 9AM to 1PM. See calendar for full details.

Conferences

Gynecologic Oncology (WPH): On Thursday afternoons, from 4:00 – 5:00PM, faculty, residents and students on the Gynecologic Oncology service will meet for one of the following: Tumor Board, Journal Club, Morbidity and Mortality.

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 (FH): WALT DISNEY PAVILION AT THE FLORIDA HOSPITAL FOR CHILDREN

- **Ambulatory Surgical Unit (ASU):** 4th floor of the Medical Plaza Building (2501 N. Orange Avenue)
- **Labor and Delivery (LDR):** Labor and delivery rooms are located on the 2nd floor. Ask the unit secretary to notify the team of your arrival.
- **Patient Rooms:** 2nd Floor
- **Offsite Clinics:**

  Loch Haven OB/GYN : 235 Princeton St. Suite 200, Orlando, FL 32804. You should report to the front desk at 8:00AM.

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; also attends high risk clinic on Tuesday and Wednesday afternoons
- **PGY1:** responsible for all resident deliveries and low risk triage patients (EGA 34+ weeks)

Student Schedules:

OB Days:

- Each morning you should report to the high risk unit (PHRU or perinatal high risk unit) on the 2nd floor at 6:30 AM. You should round on one assigned high risk patient; this patient will be assigned to you by the PGY2 on your first day.
- After seeing your patient, report to front of the labor floor at 7:00 AM for board rounds
- After board rounds, report back to PHRU at 7:30 AM for high risk rounds with the perinatologist
- When high risk rounds are finished, return to the labor floor and divide up the laboring patients and C-sections for the day with any other students who might be part of the labor team for the day. There should only be one assigned student per patient. You should also see triage patients with the PGY2 or PGY1 as they arrive.

OB Nights:

Please report to the labor floor at 5PM and have the unit secretary notify the senior resident upon your arrival. Meet on-call team (PGY 2 and PGY 1). Familiarize yourself with the laboring patients on the board. Attend all deliveries and scrub on all C-sections. You should also see patients with the resident in triage. At 7am the following morning, report to the labor board for board rounds, and you are dismissed after that.

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

Student Schedules:

Each day you should follow the person that you are assigned to according to the schedule. 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).

	Monday	Tuesday	Wednesday	Thursday	Friday
Student A	**PGY2/OR**	**PGY3/LDR**	**Midwife**	**PGY3/LDR**	**PGY2/Ante**
Student B	**PGY3/LDR**	**PGY2/Ante**	**Chief**	**Midwife**	**PGY2/OR**
Student C	**PGY2/Ante**	**Midwife**	**PGY2/LDR**	**PGY2/OR**	**Chief**

Rounding Schedules:

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

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.
4. If possible, try to round on the patients in whose deliveries you participated.

Winnie Palmer Hospital Rounding Times for Postpartum Service:

5:00 – 6:15AM: Rounding on assigned postpartum patients

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 at 7 PM in the 5th Floor Conference Room for checkout. You will follow the PGY 3 on LDR for the night (contact phone is (407) 841-3309). At 7am the following morning, report for board rounds as above, and you are dismissed after that.

GYNECOLOGIC AND GYNECOLOGIC ONCOLOGY SERVICES: FLORIDA HOSPITAL

Gynecology:

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

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

Gynecologic Oncology:

Report at 8 AM to the Gynecologic Oncology office, located at 2501 N. Orange Ave, Suite 800.
Check- in with Ms. Pam Clark and she will assist you with where to you will meet the team.
Ms. Clark can be reached at (406) 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

Student Schedules:
You should each follow one of the schedules at the end of this document for Gynecology (Student A, B, or C). Each day you should follow the person that you are assigned to according to the schedule. *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).*

	Monday	Tuesday	Wednesday	Thursday	Friday
Student A	**PGY4**	**PGY1**	**PGY3**	**PGY4**	**PGY2**
Student B	**PGY2**	**PGY2**	**PGY1**	**PGY3**	**PGY4**
Student C	**PGY1**	**PGY3**	**PGY4**	**PGY2**	**PGY3**

Rounding Times for Gynecology:

First Day: proceed to 5th Floor Conference Room (press 2,5,3) at 6:30 for rounds

Following Days:

5:30-6AM: 9th Floor. Morning rounds (notes should be completed before this time)

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

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

Rounding Times for Gynecologic Oncology

First Day: proceed to 9th Floor Conference Room in MD Anderson at 7AM

Following Days: Pre-round beginning at 5:30, report to Chief Resident at 6:30 AM, and at 7AM, proceed to either rounds, OR or office (this will depend on attending on service)

Daily Schedule and Expectations:

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. 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 Chief Residents will assign cases the night prior to surgery (the assignments will be posted on MDSwift). 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.
4. Proceed to OR at 6:55 AM 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!*

COMMUNITY OB/GYN WEEK AND SPECIALTY CLINICS WEEK

During this rotation, you will have the opportunity for two clinical experiences that will expose you to the life of the generalist obstetrician/gynecologist in private practice (Community Ob/Gyn Week) and to the life of the specialist in a variety of practice settings. During the first experience, you will work one on one with a single physician mentor. By following the clinician's schedule (including the taking of call), you will be exposed to outpatient obstetrical and gynecologic care, the operating room, and the delivery suite. This experience is extremely important in developing a broad clinical base in obstetrics and gynecology.

For the second week, you will be working with attendings (and often fellows and residents) in a variety of subspecialty areas, including two or more of the following: 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.

In general, you should 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.

TIPS FOR A SUCCESSFUL OB/GYN ROTATION

General Comments:

1. You are part of a team. As a part of the team, you have a beeper. It is best to give your beeper number to the residents you are working with, especially the resident in charge (usually the Chief Resident) so that your team can contact you. If you are working with an attending or midwife only, you should make sure that he/she knows your pager number.
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. Speak with your team, but in general you are responsible for rounding every day.
4. In the case of absences (planned or unplanned), notify both your Clerkship Coordinator, Clerkship Directors (emails are fine) and your team (text message).
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 Gynecology:

1. You are responsible for rounding each morning.
2. For scheduled cases, meet the patient and read her H & P before the surgery (you may do this independently).

LOGGING YOUR PATIENT ENCOUNTERS DURING THE CLERKSHIP

For the Ob/Gyn core clerkship, we require that you log your patient encounters, using the Patient Passport provided. Logging encounters requires some energy and time on your part, but we believe strongly 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.

Although completion of the Passport is not a requirement for passing the clerkship, we believe that the integrity and timeliness of documentation of your patient encounters may be considered a measure of your professionalism during this clerkship. Your encounters will be reviewed at the midpoint of the clerkship and during week 5 by Drs. Boardman, Spreitzer or Jackson 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.

Each student should log at least one patient within each of the following categories (note that an individual patient may fall into more than one category).

***Gynecology: Patient Types/Clinical Conditions*:**

- Breast disease/breast health/abnormal mammography
- Pelvic pain
- Amenorrhea
- Menstrual disorders/Abnormal uterine bleeding/PMS
- Contraception
- Perimenopause/menopause
- Infertility
- Pelvic mass
- Prolapse/incontinence
- Abnormal cervical cytology
- STD (screening or treatment)
- Vaginitis/vaginal discharge
- PID
- Post-op visit
- Well woman history/exam

***Obstetrics: Patient Types/Clinical Conditions*:**

- First trimester bleeding
- Third trimester bleeding
- Abdominal pain in pregnancy
- Antepartum visit
- Diabetes
- HTN in pregnancy/preeclampsia
- Post-term pregnancy
- PROM/PTL
- Ectopic pregnancy
- Term labor
- Peripartum infection
- Multiple gestation
- Breastfeeding patient

Each student should log at least one patient whose procedures the student has either performed or observed:

Clinical Skills: Physical Exam Skills

- Breast Exam
- Pelvic examination with speculum
- Bimanual exam
- Vaginal inflammation, vaginal atrophy
- Fetal heart tone exam technique

Clinical Skills: Testing and Procedural Skills

- Pap testing technique
- Wet mount preparation and exam (including vaginal pH)
- Cervicovaginal testing technique
- Rupture of membranes evaluation
- Basic mammographic interpretation
- Interpret pelvic ultrasound
- Demonstration of basic steps in vaginal delivery
- Cesarean section
- Tubal ligation
- Abdominal hysterectomy
- 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 should 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 Basic 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
2. Absences due to illness or family emergencies should be reported to Dr. Boardman, Dr. Spreitzer or Dr. Jackson, 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. Absences exceeding three days will require make-up through the taking of call on weekends.
4. Your 3 days of excused absences do not include vacation, social events or personal days.
5. Any questions or problems during the clerkship should be addressed with Drs. Boardman, Spreitzer, or Jackson.

CLERKSHIP OBJECTIVES

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 components of the breast and pelvic examinations 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 a differential diagnosis for bleeding and pain in the first trimester, identify risk factors for and the initial evaluation of suspected 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 the endocrinology and physiology of the normal menstrual cycle, including menarche and menopause.
11. Identify the common causes, evaluation method and treatment options for an adolescent, reproductive-aged woman or postmenopausal woman presenting 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 the symptoms, physical findings, evaluation, management and public health concerns 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 women with signs and symptoms of menopause and 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 health 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;
- To meet with your faculty mentor prior to the presentation and review the case, the APGO (Association of Professors of Obstetrics and Gynecology) objectives and the literature review; 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: 30 minutes (20 minutes on case, 10 minutes on topic review)

Evaluation: Your faculty preceptor will score your presentation on a scale of 1 to 5 (Excellent, Good, Satisfactory, Fair and Poor). The evaluation is based on a composite score of the following: (1) progressively disclosed the details of the case, (2) organization of content, (3) use of audiovisuals, (4) use of case to demonstrate diagnosis and management, (5) actively engaged students in the presentation, (6) summarized main points at end of talk, and (7) comfort in presenting to the group.

** If an appropriate patient is not seen, please work with your faculty mentor 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 ethics 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 prior to the end of the rotation.

GRADING POLICY

To be completed by clerkship rotation mid-point:
For the mid-rotation feedback session, bring your Patient Passport. We will review it with you to gauge your clinical experience and suggest, if needed, how to augment your experience.

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

1. **Lecture attendance of 85%.** Failure to comply will result in an I at the end of the rotation. If missed lectures are made-up within the next 6 week rotation period, the transcript will not reflect the I. If not completed within the next 6 week rotation, the transcript will reflect the I.
2. **No more than 3 missed clerkship days for allowed absences**. If > 3 days missed, students must complete all make-up requirements prior to receiving a final grade.
3. **Ethics write-up.** Completed and submitted to Ms. Grant prior to the end of rotation.
4. **Completion and submission of blue card**
   Please have this signed while on service with the attending/midwife/ resident who will sign your card. In order for signatures to be obtained, you must:
   - Complete a written OB history and physical and receive feedback from the person who signs the card
   - Present GYN surgical report and receive feedback. We expect you to demonstrate a basic knowledge of pelvic anatomy (nerves, blood supply, muscles etc) and a fundamental understanding of how the case was done. The case chosen should be a major procedure (e.g., hysterectomy). If you decide to present a minor procedure (e.g., D&C), we expect your knowledge to be more expansive, as the technical aspects are less challenging to describe. In preparing, we suggest that you review prior op notes and ask questions you may have with the residents or attending prior to presenting. The resident or attending may ask questions on the anatomy (so know what vessels run in the IP, etc) or possible complications. Finally, while you don't need to know the exact name of every instrument used, you should know the major ones.
5. **Patient Passport (fully completed) and all clerkship materials (books, scrubs, pregnancy wheel) must be returned to Ms. Grant.**
6. **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)

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

GRADING CRITERIA

Your final grade is determined as below:

1. **Clinical Evaluations (55%)**
    - Resident Physicians (<u>you select</u> and identify two residents to complete your clerkship evaluations in OASIS. <u>Please send an email to Ms. Grant to let her know which two resident physician you selected</u>.) Additional evaluations will be completed by at minimum 2-3 residents with whom you have worked during the rotation
    - Attendings: evaluations from your community preceptor and from specialty preceptors, as well as other attendings with whom you have had significant contact (i.e., at minimum three clinical sessions)
    - Midwives

2. **Shelf Examination (20%)**
    - Passing score ≥5th percentile

3. **Clinical Skills Exam (10%):** must be passed in order to complete rotation
    - Demonstration of emergency vaginal delivery (using pelvis)
    - Demonstration of episiotomy and perineal laceration suturing skill competency
    - Demonstration of contraception counseling (IUD or OCP or Condoms/Spermacides/Emergency Contraception or Long Term Contraception)
    - Demonstration of wet prep collection, interpretation, diagnosis and management of vaginitis/vaginosis

4. **Case Presentation (10%)**

5. **Ethics Case (5%):** must be completed (graded pass/fail)

SAMPLE NOTES/ORAL PRESENTATION FORMAT

Admission History and Physical (OB Patient)

CC: Age, gravidity/parity, 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

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: _____

SAMPLE DELIVERY NOTE

NSVD of NB girl/boy weight___, apgars _ & _ over episiotomy type or intact perineum with vacuum assistance. 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 Pxxxx 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 (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
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 ADMISSION HISTORY AND PHYSICAL (GYN PATIENT)

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
	History of DES use by patient's mother
	Last Pap result (also include history of abnormal Paps, treatments)
Contraceptive/	Current method (include patient's satisfaction with method)
Sexual History:	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, HCV)
PMH:	Current medications and allergies
	Medical issues
PSH:	Operations (including all gyn/ob surgeries) and transfusions
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

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

UCFIII 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)