



University of Central Florida
College of Medicine

Core Clerkship in
Obstetrics and Gynecology

Handbook

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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 busiest women's hospitals in the country. Winnie Palmer Hospital has over 14,500 births annually, making it the second largest labor and delivery unit in the US. You will also work at Florida Hospital (FH), which has 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 as 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, understand the importance of the gynecologic history and physical examination in the overall assessment of the health of women, and recognize the 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. Important 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 - WPH
(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 TEXTBOOKS AND RESOURCES

1. Required Clerkship Textbook:

1. Beckmann CRB, Ling FW, Smith RP, Casanova R, Herbert WNP, Laube DW, Chuang A, Goepfert AR, Hueppchen NA, and Weiss PM. *Obstetrics and Gynecology*. 7th Edition Philadelphia: Lippincott, Williams & Wilkins, 2013.

2. Supplemental E-Textbook:

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

3. Cases/Question Bank:

1. The Association of Professors of Obstetrics and Gynecology (APGO) (www.apgo.org) has a number of useful resources and information for medical students during both their clerkship 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 OB/GYN NBME Exam and national licensure examinations.

To access: <https://www.apgo.org/student/uwise2.html>

Each student requires his/her own account. Go to 'Create an Account' and sign up using your UCF email. Select 'University of Central Florida College of Medicine' under APGO Member Program. When you get to the 'My Account' page, go to 'Student Resources', then 'uWISE v.2'.

- **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, prior to your clinical skills test, and prior to your shelf exam to solidify your knowledge.

4. Additional Resources:

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

DIDACTIC EXPERIENCE

Lecture Series and Workshops

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 a 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 they are intended to provide the prerequisites to a successful clinical experience in obstetrics and gynecology.

Locations

The majority of didactic sessions will be delivered at the UCF Clerkship office (70 W. Gore Street, Suite 101) on Friday mornings from 8am to 1pm. Please see the Clerkship Schedule for full details as times do change based on preceptors' clinical schedules. At times, there will also be late afternoon sessions. At times, last minute changes must be made secondary to faculty schedules and clinical care responsibilities, so flexibility is critical. We will do our best to notify you in a timely fashion, but at times, it will be last minute. *Always* notify your teams, in advance, as to where you are going!

Grand Rounds

Winnie Palmer Hospital - Grand Rounds are held Friday mornings from 8:00am – 9:00am, and attendance is required for all students, when instructed to attend by the Clerkship Director and/or Clerkship Coordinator. Grand Rounds are typically held at Winnie Palmer Hospital, on the 1st floor, in Auditorium Room 2. Depending on the week, other meetings and educational events are held prior to Grand Rounds. Relevant educational sessions (i.e. Journal Club) may be required for all students, when instructed to attend.

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
- **Outpatient Clinic:**
 - 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 schedule
 - **Ambulatory Clinics:** 89 West Copeland Drive, 3rd Floor

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, transferring 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 deliveries. 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).
- **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
- **PGY1 or PGY2/OR:** Responsible for all OB cases in the OR (C/Sections, tubal ligations, etc.).
- **PGY1/LDR:** Responsible for patients on the labor floor, postpartum, and triage
- **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 at WPH. For others, the week will be divided between WPH and 89 Copeland. Check your schedule for assignments in advance!

On the first day of the rotation, arrive for 7am rounds on the 5th 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).

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).

OBSTETRICAL SERVICE: WINNIE PALMER HOSPITAL

Rounding Schedules:

For the week on OB, you will round with Postpartum Services and L&D.

Postpartum Rounds:

1. On the first day, proceed to the 5th Floor Conference Room (door code: press 5, 4, followed by 3) 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 PGY-1 will initially orient you as to what to focus on during your rounds (also use templates in this handbook) 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 on the computer.
4. If possible, try to round on the patients in whose deliveries you participated.

Antepartum Rounds (if applicable):

1. Meet the PGY-2 at 6:45am on the 5th Floor and proceed to Team Rounds with the PGY-2.
2. Following Team Rounds, you will then see patients together with the PGY-2.
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.

Rounding Times for Postpartum Service:

5:00 – 6:15am: Round on assigned postpartum patients and write your notes! Be prepared to present your patients to your resident(s). Have rounding and notes completed prior to the resident coming to the floor!

6:15am: Present patients to PGY-1 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 be 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 SURGERY AND GYNECOLOGIC ONCOLOGY SERVICES: FLORIDA HOSPITAL

The Gynecologic Team:

On the Sunday before beginning Gyn Surgery, you will receive a case schedule from Dr. Mark Crider. If you do not receive an email from Dr. Crider by Sunday afternoon please contact him directly by text message or email.

Location: Surgical suites are located on the 4th Floor of the Medical Plaza Building at Florida Hospital or on the 1st 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 mornings. During the afternoon, 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.

The Gynecologic Oncology Team:

On the first day of your rotation, report at 5:30am 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 footwear

Contact: The Gyn-Onc Fellowship Coordinator, Ms. Ashley Kohrt, can be reached at any time at (407) 303-5990 or (954) 415-7141.

GYNECOLOGIC SURGERY 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 1st Floor in the Physician's Lounge at WPH. Please knock and have a resident let you in. When you enter the room, introduce yourself and sit with the Gyn team. Your Chief Resident will provide you with your assignment for the day. On this rotation, be prepared to give a presentation that will be assigned to you by the Chief Resident.

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

Rounding Times for the Rest of the 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 is on the 1st floor in the Physician's Lounge.

*Times vary depending on the Attending. Please call the Gyn Resident phone on the Thursday **prior** to the start of your Gyn Surgery rotation. The Gyn Resident phone number is: (321) 841-3301. Also, consult with classmates that experienced the Gyn Surgery rotation previously.

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

On the Monday of your Rotation: Arrive at 7am for Tumor Boards at MD Anderson on the 4th Floor in Telemed Room 4LP. If Telemed Room 4LP is unoccupied, please also check by the Starbucks on the 4th Floor. 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 the attendings, 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 afternoon. The resident will tell you what time and where to arrive on Tuesday. The Onc Resident Pager number is: (407) 623-6842.

Attire: Professional Attire (bring scrubs)

COMMUNITY PRECEPTOR SERVICE

During this rotation, you will have the opportunity to be exposed to the life of a generalist obstetrician/gynecologist in private practice (Ambulatory Week). During this experience, you will work one-on-one with either a single or several physician mentors. By following the clinician's schedule (to include 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: Check your schedule for details.

Schedules:

- Loch Haven: On the Sunday before your rotation begins, you will receive a detailed schedule from Dr. Mark Crider. If you do not receive an email from Dr. Crider by Sunday afternoon please contact him directly by text message or email. In general, arrive at 7:45am for the morning session and 12:45pm for the afternoon 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., and 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 situations. 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, or 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. Please be prepared for the residents when they come to round and for morning report/formal rounds. Know your patients!
4. In the case of an absence (planned or unplanned), notify your Clerkship Coordinator (phone and email), Clerkship Director (phone and/or email), *and* your team (text message and/or phone call). This is **required** and reflects professionalism.
5. Avoid asking questions in the middle of an emergency or when it appears as though it is not 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 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 MD Anderson. 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.

TIPS FOR A SUCCESSFUL OB/GYN ROTATION

3. Make sure you know which cases you will be scrubbing in 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 the 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 the 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 recertification's 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 data to compare sites 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 your patient encounter documentation 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 Dr. Boardman, Dr. Spreitzer or Dr. 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 (1) patient encounter within each of the following categories (note that an individual patient may fall into more than one category). **Please keep a tally of total numbers!**

		Date/Reviewed by/Tally
Gynecology: Patient Types/Clinical Conditions	<ul style="list-style-type: none"> ○ Breast disease/breast health/abnormal mammography ○ Pelvic pain ○ Amenorrhea ○ Menstrual Disorders (AUB/PMS) ○ Contraception ○ Perimenopause/Menopause ○ Infertility ○ Pelvic Mass ○ Prolapse/Incontinence ○ Abnormal cervical cytology ○ STI screening/management ○ Vaginitis/Vaginal discharge ○ Post-operative visit ○ Well woman history/exam 	
Obstetrics: Patient Types/Clinical Conditions	<ul style="list-style-type: none"> ○ 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 	

PATIENT PASSPORT

You are required to log at least one (1) patient encounter whose procedure(s) you either participated in, performed, or observed. Please keep a tally of total numbers!

		Date/Reviewed by/Tally
Clinical Skills: Physical Examination Skills	<ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ○ 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) ○ Hysterectomy (any type) ○ 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 a copy to the Clerkship Coordinator by the end of the rotation. Indicate on your Patient Passport that the category was completed by a uWise module.

University of Central Florida College of Medicine

Policy on 3rd and 4th Year Attendance

Excused Absences

Students are expected to attend all scheduled hours of clinical responsibilities and didactic instruction. Mandatory clerkship participation requirements and remediation due to absence are determined by the Clerkship Director. The student will be held responsible for any material covered during the excused absence, but will be permitted a reasonable amount of time to complete any missed work. Recognizing that situations may arise which require students to miss time from their clerkship responsibilities, the procedures presented below will be followed when absence is necessary:

1. *Students on both required and elective rotations in the third and fourth year will be allowed to miss no more than three full days of responsibilities per rotation as excused absences for the following:*
 - a. *Personal illness*
 - b. *Family emergency*
 - c. *Presentation at professional meetings*
 - d. *Residency interviews*
2. Absences due to illness or family emergencies should be reported to the clerkship director or site director, clerkship coordinator and supervising physician/chief resident on service on the first day of any absence.
3. Absences due to illness during the **final two weeks** of a 3rd year rotation:
 - a. Requires a physician's note from a physician with whom the student has a legitimate relationship (e.g., their primary care provider). The note must indicate days/dates of work that may be excused due to illness. If this information is missing, the note will be good for one day of excused time.
 - b. Failure to provide a note will result in loss of 10 points for each day missed.
 - c. Additional remediation may be required at the clerkship director's discretion.
4. Approval for anticipated leave, including residency interviews and student presentations at professional meetings:
 - a. Requests must be submitted in writing prior to the start of the affected rotation, and at least six weeks in advance of the scheduled event. Requests must be approved by the Clerkship or Elective Director.
 - b. Once approved, the student must inform their supervising physician/chief resident and their team of the anticipated absence.
 - c. Approved student absence form will be completed and forwarded to the Office of Student Affairs by the clerkship coordinator.

CLERKSHIP ATTENDANCE POLICY

5. Excused absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship or Elective Director. Examples include the taking of additional call or weekend shift.
6. Excused absences **do not** include:
 - a. Vacations, personal days or social events, including weddings, graduations or birthdays
 - b. Routine doctor/dental appointments
 - c. Taking Step 2 exam
 - d. Missing Orientation or Capstone or LCT Session

Unexcused Absences

1. In the event of an absence from the clerkship without permission from the clerkship director, the student will lose 5 points per unexcused absence from their final clerkship grade.
2. Additional remediation may be required at the clerkship director's discretion (e.g., the taking of extra call).

University of Central Florida College of Medicine

Policy on Clerkship 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. ON AVERAGE over the duration of the clerkship 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.

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 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 the presentation of actual results
- To review the literature on the topic of the case presentation
- 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: PowerPoint slide presentation (suggestion: 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:

- Case/cases well chosen to demonstrate key clinical issues
- Effective coverage of central points in diagnosis and management
- Actively engaged peers
- Organization of content
- Critical appraisal of relevant published literature
- Current guidelines/recommendations used
- Effective use of audiovisuals
- Summary of main points at end of talk

**** If an appropriate patient is not seen, please work with Dr. Boardman, ahead of time, 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 the clerkship ethics discussion 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 conflicts in values and 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, 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 dilemmas, 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*", outlines 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 the Clerkship Coordinator (see Clerkship Schedule for due 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 provide 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 an antepartum admission or labor admission note) and the second should be from a gynecologic or gynecologic oncology patient admission
- The first H&P is due Wednesday of Week 3, prior to Mid-Clerkship Feedback Session
- The second H&P is due Wednesday of Week 5, prior to Clinical Skills Testing
- Each H&P should be emailed to the Clerkship Coordinator
- Feedback and grading will be provided in writing and/or in person. Checklists are used for grading both H&Ps and they are posted in Webcourses
- 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:**

Points Contributed to Final Grade:

- | | |
|-----------------------------|--|
| ○ 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 $\geq 5^{\text{th}}$ percentile (corresponds to COM grade of $\geq 70\%$) to pass
 - Scaled score must equal or exceed the 70^{th} 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 Exam (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 clerkship.
 - Checklists available in Webcourses

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

- 5. History and Physical (2)** **10 points**

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

- 7. Other** **See below**
 - Attendance of at minimum 85% of clerkship didactics
 - ✓ Less than 85% attendance (unless excused) results in a 5 point deduction of final clerkship grade
 - 0.5 point deduction for each late assignment
 - An unexcused absence from the clerkship results in a 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 $\geq 70^{\text{th}}$ 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 $\geq 5^{\text{th}}$ 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 $\geq 5^{\text{th}}$ percentile on NBME shelf exam
- ✓ Must have a final calculated clerkship grade of at least 70

NBME Shelf Examination Failures

- ✓ For scores $< 5^{\text{th}}$ percentile on NBME shelf exam, you will receive an “I”
- ✓ Exam must be retaken prior to beginning year 4
 - If retake score $\geq 5^{\text{th}}$ 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 $\geq 70^{\text{th}}$ percentile
 - If retake score $< 5^{\text{th}}$ percentile, student will receive an “F” on the rotation and must retake the clerkship

CLINICAL EVALUATIONS: SCORING RUBRIC

Calculated Score Description:

- Each student is 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). An example of the full evaluation can be seen in Webcourses.
- 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 the closest integer
- Clinical evaluations contribute 45 points to final grade calculation
- Requires a minimum of 4 evaluations from faculty, residents, and 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:

- Three (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 will be graded on a scale of 1 to 5 (1 = Not done to 5 = Excellent) for the eight grading components previously described on page 22.
- Total possible points = 40
- The Case Presentation contributes 10 points to the final grade calculation.

Calculated Scoring:

- Cumulative score of 38-40
- Cumulative score of 35-37
- Cumulative score of 32-34
- Cumulative score of 28-31
- Cumulative score of 24-27
- Cumulative score of <24

Points Contributed to Final Grade:

- 10 points
- 9 points
- 8 points
- 7 points
- 6 points
- Score at clerkship director's discretion

HISTORY AND PHYSICAL: SCORING RUBRIC

Calculated Score Description:

- Each student must submit two (2) 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 Webcourses for the 'Obstetrical and Gynecologic History and Physical Feedback Form')
- 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 score of two H&Ps)

Points to Final Grade:

○ Exceptional	Mean Score of 7	10 points
○ 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 Case Write-Up contributes a maximum of 5 points to final grade calculation.

Grading 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 counterarguments 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 mid-point of OB/GYN Clerkship rotation:

Prior to the Mid-Clerkship 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 you may have to complete in order to fulfill encounters that you may not have an opportunity to observe/participate in by the end of the clerkship.
- Complete the Mid-Clerkship Self-Assessment in OASIS by Wednesday of the third week. The Clerkship Director will not complete the Mid-Clerkship Feedback Session until the student has completed his/her self-assessment.
- Submit 4 to 5 Mid-Clerkship Evaluation Forms by Wednesday of Week 3

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, student must complete all make-up requirements *prior* to receiving a final grade.
2. **All clerkship materials** (textbooks, review books, suture kits, keys, etc.) must be returned by the last day of the rotation to the Clerkship Coordinator.
3. **Ethics write-up:** Complete and submit to Clerkship Coordinator on the due date listed on the Clerkship Schedule.
4. **Two H&P Assignments:** Complete and submit to Clerkship Coordinator by the due date listed on the Clerkship Schedule.
5. **Patient Passport:**
 - a. Must be fully completed in OASIS
 - b. Any incomplete items must be completed by use of uWise and documentation must be given to the Clerkship Coordinator by the final day of the clerkship.
6. **Duty Hour Log** must be updated in Oasis.
7. **Direct Observation Card:** Submit 3 Patient History and 3 Physical Examination Observation Cards by the final day of the clerkship.
8. **All clerkship evaluations must have been completed in OASIS** as follows:
 - a. University of Central Florida College of Medicine Course Evaluation
 - b. Faculty/Preceptor Evaluation (Faculty and/or Residents): Must complete a minimum of 12 faculty/resident evaluations.

Grades will be held until all assignments are submitted, all evaluations 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 heart rate (assess strip for variability, accelerations, and decelerations)
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 (+nitrozone/+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/ 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)

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, and 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 bedside, 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)