

**The Schulich School of Medicine & Dentistry
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

Clerk Handbook for LHSC Meds 2013 Block 5

The Women & Perinatal Program moved from St. Joseph's Health Care to London Health Sciences Centre the week of May 30th. We are truly excited to have the Obstetrics & Gynaecology Department all "under one roof". There are excellent opportunities to expand both clinical, educational and research mission of our Department.

The following information is intended to be your map and resource while you navigate through your rotation at London Health Sciences Centre. When things get confusing or tough it will be the next best thing to mother. Do not throw it away! Remember that all last minute teaching schedule changes will be posted on bulletin board of the "Clerks' Corner" page of the Ob/Gyn website (www.uwo.ca/obsqyn/).

Administration

Who do I talk to about scheduling and day-to-day information?

The Education Coordinator, Vicki Douvalis, is the person to speak to first about most clerkship matters.

Contact information for Vicki Douvalis

Vicki.douvalis@lhsc.on.ca

LHSC-VH – B2-404

519-646-6192 (66192)

Who do I contact about administrative matters, such as requests or concerns that I have about policies or format of the rotation?

First please attempt to have your questions answered by Vicki. If Vicki is unable to answer your question she'll redirect you to Dr. Ron Robins, the Clerkship Coordinator and Supervisor. His telephone number is 519-685-8500 ext 52631. Second contact Dr. Saima Akhtar who is the Deputy Director of Undergraduate Medical Education for the Department of Obstetrics & Gynaecology. She can be reached at 519-685-8002 (58002).

What is the required textbook?

Obstetrics and Gynecology Beckmann et al. Lippincott Williams & Wilkins, 6th Ed. 2010.

This textbook is the same one from the Reproduction course from Year II.

Orientation

Where do I meet for orientation to the service?

At 08:30 on the first Monday of your rotation we will meet with Ob/Gyn Resident Dr. Jacqueline Wood in Room B6-361. At that time, details of the rotation will be discussed, including educational objectives for the three blocks: obstetrics, Gynaecology, and the out-patient clinics.

There will be teaching every day and will be broken down as follows:

Monday: Informal teaching with Drs. Robins and Gros from 7:30-8:30am in B6-361 (with the exception of the first Monday - if there's a change, then Vicki will inform you via email).

Tuesdays and Thursdays: Seminar Series Teachings with various locations and physicians. The topics and full schedule can be found online at <http://www.uwo.ca/obsgyn/pages/clerkscornerpage2.html>. A schedule is also posted in the Team Room (B4-246) and on the front of Vicki's office door (B2-404).

Wednesdays and Fridays: Grand Rounds and Friday Morning Rounds. Posters are located in the Team Room and online.

****All clerks are expected to attend these teaching sessions, regardless of which rotation you're in.***

Where can I leave my 'stuff' when I come in each day?

There are lockers on the 5th floor of Tower B, outside of sleep rooms. Please note that these are only day lockers and need to be emptied at the end of each day. Be sure to bring a lock to ensure your belongings are kept safe.

Am I on my own once I complete the orientation?

No. You will be assigned to "Red Team or Blue Team" for your rotation with one consultant on each team who will be designated as a "supervisor." The supervisor will act as a resource person during your rotation. ***It will be up to you to make the initial contact with your supervisor.*** If problems or issues arise during your rotation, you should feel free to discuss them with your supervisor or with Dr. Robins.

Red Team Physicians

Dr. Saima Akhtar
Dr. Erin Lovett
Dr. Rob Gratton
Dr. David Langlois
Dr. Andrea White
Dr. Kaysie Usher
Dr. Jordan Schmidt
Dr. Rob Di Cecco
Dr. Joanne Kirby

Blue Team Physicians

Dr. Michael Maruncic
Dr. Renato Natale
Dr. Barry MacMillan
Dr. Barb de Vrijer
Dr. Tracey Crumley
Dr. Shannon Arntfield
Dr. Ron Robins
Dr. Debbie Penava
Dr. Laudelino Lopes

At the mid-point of your rotation Vicki will email you regarding the date/time/location of the mid-rotation interview with Dr. Robins to discuss your progress and to identify any problems or weaknesses that you may need to work on for the duration of your rotation. You'll need a minimum of **3** completed on-call/clinic evaluations at the mid-rotation interview.

At the end of the rotation you will have an "exit interview" with Dr. Robins, Dr Penava, Dr. Schmidt or Dr. Akhtar. At this point your final evaluation and final assessment will be discussed. Areas that you need to work on during your next rotation may be identified. Vicki will contact you regarding the date/time/location of your exit interview. You will also need to complete two Peer Formative Evaluations via One45. All these components are part of your final assessment.

Where do I go when I'm on the rotation?

Check the website for your individual schedule. The general format is that you will spend **two** weeks in Gynaecology, **two** weeks in Delivery Room and Post Partum Ward and **two** weeks on Ambulatory Care.

What about night call?

One clerk is on call for each team at a time covering Obstetrics, Gynaecology and Emergency. Remember that your Resident is always your first contact consultant and he/she should always be called after you have made your initial assessment of a patient. Call starts at 6pm and goes until 8am the next morning.

If you have a need to change the nights that you are on call, then you can trade with another clerk. You must inform Vicki, switchboard, Delivery Room and the specifically the Chief Resident of any changes to the call schedule that you make.

You are off duty at 8-9am the day after call, ***provided that your clinical duties and educational sessions are completed.***

If you are on call the night before the final exam, you are dismissed from call responsibility at midnight.

You are dismissed from call at 1800 on the last evening of the rotation

What about the morning of the NBME?

All the clerks are excused from all clinical duties the morning of the NBME. Once the NBME is complete, you need to go back to your clinical duties.

Where do I sleep?

The on-call sleeping rooms will be shown to you during orientation.

How am I evaluated on the Obstetrics & Gynecology rotation?

CLERKSHIP ASSESSMENT

***Successful completion of each of the assessment processes is required in order to meet the expectations of the ob/gyn rotation.

Formative Assessment

(Provides feedback but not a final grade)

(1) Chart Review

- Required activity to pass (meet expectations) in the rotation.
- One chart review is required.
- Should be restricted to review of an antenatal or a gynecology patient's chart.
- A resident or staff member must review a chart on an antenatal or gynecology patient in whose care the student has actively participated. The student or resident may choose the chart to be reviewed. A review of the database, progress notes, investigations and treatments including review and discussion of the patient's progress and reasoning behind management decisions should be undertaken.
- *Failure to complete a chart review constitutes a failure in this aspect of the assessment process and failure to successfully complete the Ob/Gyn rotation.*

(2) Clinical Assessment Forms

- Completion of six clinical assessment forms is a required activity in order to pass the rotation.
- Failure to submit 6 forms constitutes a failure of this aspect of the assessment process and failure of the Ob/Gyn rotation.
- One following a day/night on-call in the birthing unit.
One by the resident/consultant on the Gyn team rotation.
One daily after every out-patient clinic by the attending consultant/resident.
At least two during the two weeks in the Delivery Room.
- 3/6 forms must be presented at the mid-rotation review

SUMARATIVE ASSESSMENT

NBME

- The exam must be passed in order to successfully complete the rotation in Ob/Gyn.
- Passing grade is 54%.
- Borderline grade 54-59%.
- **Failures to make passing grade of 54% would be required to retake the test in 6 weeks.**
- Borderline grades (54-59%) identifies students who should be counselled to improve their basic knowledge in obstetrics & gynecology.

National Board of Medical Examiners (NBME) – Obstetrics & Gynaecology

The NBME Examination in Obstetrics and Gynaecology is a multiple choice examination (100 questions) that will assess your medical knowledge (Medical Expert Objectives) in Obstetrics and Gynaecology. It will be administered from 10 am - 12:30 pm on Friday of Week 5 of the clerkship rotation. This exam is similar to that used in your Medicine and Surgery rotations. We encourage you to review the practice examination (<http://www.nbme.org/PDF/NBME2008SubjExams.pdf>) to familiarize yourself with the type of questions (all clinical vignettes) asked and the degree of difficulty. A schedule of your exact time will be e-mailed to you the week of your exam to indicate your specific exam time.

"Note: The NBME is an American exam, but the content reflects the Reproduction and Ob Gyn Clerkship objectives. There is some content unique to the US (less than 10% of the questions) that may reflect topics which are not formally taught in this block and which are not covered by the objectives. i.e., breast health and some primary care medicine. This is unfortunate but there is no Canadian exam. This content will have been covered in other blocks in clerkship. Our recent UWO Clerkship Review (2010) endorsed continuing to use this exam similar to Paediatrics and Surgery. Our suggestion is that you concentrate your studying on the ob/gyn content, but if you have time review some breast health material.

THE RESPONSIBILITY OF THE EVALUATION PROCESS IS YOURS!!

Grades will be submitted as **Meets Expectations and Does Not Meet Expectations.**

Gynaecologic & Obstetrical Services & Ambulatory Care Teams

How does the Gynaecology Team service work?

For two weeks of your inpatient rotation you will be part of the Gyn Team A/B or Gyn Onc. The team will consist of a Gyn consultant, a senior resident (SR) and a junior resident (JR). Your rotation will not be interrupted by call or other responsibilities allowing you to maximize your experience on the Gyn ward and the OR. You should round with the team in the am and check on your patients at the end of the day, bringing any concerns to the SR. You will be assigned specific inpatients to follow throughout your rotation. If you're on Gyn Onc, you will receive a schedule from Vicki.

You are expected to see at least one of the following clinical entities:

1. abdominal hysterectomy
2. vaginal hysterectomy
3. bladder repair (various surgical techniques)
4. diagnostic laparoscopy
5. operative laparoscopy
6. D&C
7. hysteroscopy
8. endometrial ablation

If you do not see all of these procedures during your Gynaecology rotation, speak to your supervisor and make arrangements to visit the operating room at some point during the remainder of your clerkship when one of these cases is being performed.

Please note:

Upon arrival on the Gyn Oncology service, the Clinical Clerk is expected to contact the Gyn Oncology resident (pager 18158) to receive his/her assignment. A schedule will be sent out to the clerks from Vicki. If the resident is not available, please contact Dr. Prefontaine's secretary, Debbie Breivik, at ext. 55645 for further information.

How does the Obstetrical Team work?

The OB Team provides care for OB inpatients on the antenatal ward, urgent patient assessments in Obstetrical Triage and care for all labouring patients (low and high risk). These patients are aware of your participation in the DR, and are appreciative of the care you provide.

On the first day of your Obstetrical rotation please make an effort to sit down with the charge nurse of the Delivery Room to be oriented as to how to fit into this busy clinical area. *It is important that you arrange this meeting and learn the rules of the road so*

that you don't get passed by when the activity is at its most exciting.

Your first involvement in the Ob Triage or in the Delivery Room will be initial admission assessments. You should ensure that the Antenatal 1 and 2 forms (running history forms that the physician keeps updating throughout the pregnancy and then sends in to the Delivery Room at term) are updated and an admission history and physical are performed.

You may write orders on these patients after you have reported your findings to a resident or consultant and have them cosign these orders. These patients should be followed by you throughout labour and birth.

Following patients is often seen as a thankless task but it is important to get an idea of what constitutes normal (and abnormal) labour. You are expected to spend time in the labour room with patients to assess contractions and monitor the fetal heart. You should get the chance to do a pelvic exam on your patients while they are in labour with help and advice from the nurses, residents or consultants. Patients must always be given the opportunity to give consent when procedures are to be done purely for the education of a trainee.

What about deliveries?

You should be present early in the second stage to assist and assess progress. Make sure that the Delivery Room nurses know where to get you for this part of the patient's care. This means that when you leave the Delivery Room you leave a message as to where you are going to be and for how long . . . otherwise when you get back you will find that the delivery is done and you were left out! Nurses are very busy and do not have time to go looking for you. Your presence and commitment will be appreciated by patients, their families and staff.

How do we function?

1. The ON-call clerks stay in house overnight (except the night prior to NBME, when the clerk leaves @ 2400). The ON-call clerk is officially off-call at 0800 the next day and is considered post-call after teaching. On weekends the ON-call clerks will cover 24hrs and do rounds on postpartum and antenatal patients with the resident prior to leaving post-call.

How the three clerks assigned to the Ob Team will function

- All clerks will round on the antenatal ward with the resident in the morning. One clerk may need to stay in the D.R. to follow patients or perform admissions.
- Post-partum rounds will also be completed during the day.

Each day the three OB clerks will divide their responsibilities according to the following guidelines.

For example:

- One clerk will be post-call each day, leaving after antenatal rounds (0800).
- The clerk designated as 24hr call on Ob/Gyn inpatient Rotation, will function as the primary clerk in the Delivery Room for the 24 hr shift to maximize the continuity with patient and staff.
- The other OB clerk, designated (Day shift), should round on the antenatal patients and cover antenatal admissions. You may also be asked to assess patients in triage, or help in the DR depending on volumes for the day.

Am I responsible for Delivery Room patients belonging to family doctors?

Twenty percent of our births are performed by midwives and family doctors. The family doctors may be part of the formalized teaching program. First ask the family doctor if another clerk or resident (possibly on a “family” rotation) will be involved. If not, complete your role just as you would for one of the Obstetrician’s patients. You will have another excellent learning opportunity. Clerks generally are not involved in the care of midwifery patients unless the OB team has been consulted to take over care.

What about ambulatory clinics?

On the ambulatory (out-patient) service you will be expected to:

See those patients that the consultant selects for you and develop/update and record a history on the chart. You may perform the Leopold maneuvers on antenatal patients, where appropriate, and physical exams on Gyn patients, where indicated. **Do not do a pelvic exam unless the consultant has spoken to the patient and determined the appropriateness of asking the patient's consent for you to do so.** (See SOGC-APOG Policy statement

<http://www.sogc.org/guidelines/documents/gui246PS1009E.pdf>)

If consent is given, the consultant should remain with you during all pelvic exams. After the history and physical, you discuss the case. The two of you should determine a plan of management and discuss this with the patient. **You will be responsible for completing the charting on the patient including the plan of management.**

REI/EPAU Clinics

All clerks are scheduled to attend REI/EPAU clinics located at UH. The Fertility Clinic and EPAU are located on the 9th Floor at University Hospital. Best way to get there is via the Outpatient elevators (2), just across from the gift shop on the main floor. Morning clinics start at 9am and you are expected to be there for 8.45. The EPAU starts at 1pm and you are expected to be there for 12.45. You are excused from Grand Rounds and Friday morning rounds on the days you’re scheduled for a morning REI clinic.

What if I have to miss part of a clinic?

You should inform the consultant **in advance** of the reason for your absence. This is important in order to avoid being labeled as either late or absent for no good reason. *If there is an unexplained absence, you are at risk of failing the rotation because of unprofessional behaviour.*

When are morning rounds?

Timing of Gynaecology rounds will be set by the resident. During your Delivery Room experience, you should make daily postpartum rounds on patients that you have managed in the Delivery Room. These rounds are best done with the resident, but if this is impossible because of other duties, you should make sure that you see "your" patients at some other time during the day.

Formal Teaching

When is formal teaching?

Ob/Gyn Grand Rounds take place each Wednesday from 0800-0900 hours (schedule located on the Department Website, www.uwo.ca/obsgyn/ and click on "Rounds Roundup". You are expected to attend these rounds.

Gynaecology and Perinatal Grand Rounds - Friday mornings from 0800 – 0900h. You are **expected** to attend. Please check the website for the locations.

Consultant Seminars are every Tuesday and Thursday, from 0800-0900 hours. The schedule and topics are posted on the "Clerks' Corner" page of the Dept Website, www.uwo.ca/obsgyn/. These seminars are conducted in a problem-directed format. The objectives for each topic, case presentations and suggested reading are also listed. It is expected that you will complete the reading and think about the topic prior to the seminar so that you can get the most out of these sessions. There are not meant to be mini-lectures.

Special Note: You will not be getting hard copies of the notes on the various seminar topics. Instead you should be downloading them from the website and reading them, preferably prior to the teaching seminar

Dr. Robins' clinical problem solving sessions are on Mondays in Room B6-361. This will be confirmed by Vicki and a schedule of all teachings will be in the Team Room B4-426 and on the front door of Vicki's office (B2-404).

Schedule:

- Week 1-2 Antenatal, intrapartum care, delivery and postpartum care
- practice delivery with manikin
- practice giving gowning suturing
- Week 3 Theory and practice of contraception
- Week 4-5 Office Gynaecology
a) irregular uterine bleeding diagnosis and management
b) genitourinary infections and sexually transmitted diseases diagnosis
c) theory and management of intra epithelial disease, cervix
d) early pregnancy loss and ectopic pregnancy
e) endometriosis and pelvic pain
f) menopause
- Week 6 Exit interviews
Review Questions regarding Ob/Gyn course content

Resident Seminars: The resident spends many hours each day on the Obstetrical or Gynaecological service and is potentially an invaluable source of teaching. Formal seminars are usually Friday afternoons but days and times may vary. Ask the resident to keep you informed.

1. Basics of delivery/position/landmarks (Model), FHR tracings & Friedman curve, Basics of operative delivery/Ob presentations
2. Lacerations/repair/suturing or Episiotomy: Anatomy & Repair
3. An Approach to First Trimester Bleeding
4. Urgent care Gynaecology: Pelvic pain/PID
5. Antenatal Case of the Week
6. Antenatal Case of the Week

Objectives

The clerkship will provide basic obstetric and gynaecology experiences that will enable the student to understand and apply the knowledge and skills in women's healthcare required to function effectively as a physician (no matter which future field is chosen).

Obstetrics:

1. Perform a complete history, physical examination, establish and confirm gestational age and identify risk factors during an initial antenatal assessment.
2. Identify health issues and counsel patients with respect to nutrition, activity and exercise, sexual activity, smoking and drug use in pregnancy.
3. Discuss the importance of routine prenatal laboratory investigations, prenatal diagnostic options (IPS, Quad screen, amniocentesis, CVS) and ultrasound assessment of fetal morphology.
4. Participate in ongoing antenatal care and investigations (GDM screening, Rh prophylaxis, GBS screening, term cervical assessment) to ensure maternal health and normal fetal growth and wellbeing.
5. Assess patients in triage and on the antenatal ward under the supervision of the resident staff with obstetrical complications (decreased fetal movement, preterm labour, premature rupture of fetal membranes, maternal hypertension, antepartum bleeding).
6. Understand normal and abnormal progress of labor for nulliparous and multiparous women and participate in intrapartum management including, assessment of labour, cervical dilation, fetal position and evaluation of fetal wellbeing.
7. Learn the criteria for ensuring antenatal fetal well being (Non stress test, Biophysical Profile) and intrapartum fetal health (intermittent and continuous fetal heart rate monitoring)
8. Perform a vaginal delivery under supervision and actively manage the third stage of labour.
9. Recognize and participate in the management of 1st, 2nd, 3rd degree obstetrical lacerations and post-partum hemorrhage.
10. Support women in their effort to breast feed and recognize and manage post partum problems (voiding and breast feeding difficulties, perineal and bowel care)
11. Provide assessments of normal healing at 6 weeks post partum, counseling of approximate VBAC considerations, and counseling on contraceptive options.

Gynaecology:

1. Perform a sensitive, organized history (including menstrual, contraceptive, sexual and gynecologic history) in ambulatory patients presenting with gynaecologic problems.

2. Perform a complete physical examination with an emphasis on the gynaecologic examination (abdominal exam, bimanual pelvic exam, speculum exam and pap smear) in ambulatory patients presenting with gynaecologic problems.
3. Develop a differential diagnosis and management plan for common gynaecologic problems (dysmenorrhea, dysfunctional uterine bleeding, contraception, infertility, pelvic mass, menopausal symptoms, post menopausal bleeding, pelvic relaxation and urinary incontinence)
4. Assess, develop a differential diagnosis, and outline appropriate investigations for patients presenting to emergency or urgent care with acute gynaecologic problems (first trimester vaginal bleeding, pelvic infection, pelvic pain, wound infection and acute bleeding)
5. Participate on the gynaecologic surgical team providing perioperative care, and assist in common gynecologic surgeries (laparoscopy, vaginal and abdominal hysterectomy, repair of pelvic organ prolapse and urinary incontinence)
6. Understand the importance of screening for cervical cancer and current screening programs. Discuss the results of an abnormal pap smear and outline appropriate follow up or investigations.
7. Recognize the signs and symptoms of gynaecologic malignancies (vulvar, cervical, endometrial, ovarian) and important investigations (colposcopy/biopsy, endometrial biopsy, CA 125, pelvic ultrasound)

Pelvic Examinations by Medical Students

A paper in the January issue of the *Journal of Obstetrics and Gynaecology Canada* by Wainberg et al. has unfortunately been used by the lay press as a launching point for an unfounded attack on the members of our profession who teach medical students. The subsequent article in the *Globe and Mail* and its accompanying editorial have disseminated false information to the public about what actually goes on in operating rooms and the process of informed consent in teaching hospitals in Canada. If there is one positive outcome of this media fiasco, it is that we are provided with an opportunity to revisit our current policy and clarify the language to reflect the current standard procedure in Canadian teaching hospitals: engaging our patients, with their full knowledge and consent, to assist us in providing excellent training in women's health to the doctors of tomorrow.

Chamberlain, S et al. (2010). Teaching Pelvic Examinations Under Anaesthesia: What Do Women Think? *Journal of Obstetrics and Gynaecology Canada*, 32 (6), 539-540.

We remain committed to teaching examination skills during your rotation. We are following the newly released Policy Statement on pelvic examinations. Please take time to read their guidelines.

The complete joint SOGC-APOG Policy statement regarding Pelvic Examinations by Medical Students can be found at:

<http://www.sogc.org/guidelines/documents/gui246PS1009E.pdf>
