

**The Schulich School of Medicine & Dentistry
Department of Obstetrics & Gynecology**

Clerk Handbook for WRH – Meds 2013

(Revised October 17, 2011)

The following information is intended to be your map and resource while you navigate through your rotation at Windsor Regional Hospital—Metropolitan Campus, Windsor. When things get confusing or tough it will be the next best thing to mother. Do not throw it away!

Administration

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

Bev Nicholls is the Schulich Windsor Program contact person at the hospital who can answer most of the day-to-day questions. She can be reached at Windsor Regional Hospital 519-254-5577, Ext. 52507, Fax 519-985-2609 or Email: bev_nicholls@wrh.on.ca

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 Bev Nicholls. Dr. Brad Jasey is the Undergrad Academic Director of Obstetrics and Gynaecology. His office is located at 2224 Walker Road, Suite 340. Dr. Jasey can be reached at 519-258-1592. Dr. Greg Hasen is the Academic Director of Obstetrics and Gynaecology for the Schulich Windsor Program. His office is located at 2425 Tecumseh Road East, Suite 204, Windsor, that is, at the corner of Walker and Tecumseh Roads. Dr. Hasen can be reached at 519-254-9629.

Orientation

Where do I meet for orientation to the service?

You will meet Bev Nicholls at 0800 hours on the first Monday of the rotation in the Schulich Windsor Program Lounge, located on the 4th floor (Room 4308) of WRH. After Orientation, Bev Nicholls will take you to the 2nd Floor of WRH to meet with Dr. Jasey. If your group starts on a Monday that is a hospital holiday, please note that your official orientation will occur on Tuesday morning.

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

There is a locker change area in the Delivery Room where you can leave your belongings. We would suggest that you leave your coats etc. there but bring any books etc. that you think you will need to the clinic to which you are assigned that day. You will also be provided with a Scrub-Ex Access Card for your scrubs which is located in the hallway just outside the Obstetricians Locker Room. **Please remember to bring a white coat to Windsor for the clinic portion of the rotation.**

Never leave valuables behind. Rings and watches should be removed when scrubbing and tied or pinned onto your greens to avoid loss. Of course, don't forget them and throw them into the laundry when you change next time!

What if I'm on-call the first day, especially if it's a holiday?

You will not be on call the first day. At your orientation, Dr. Jasey will review the call schedule and call duties.

Am I on my own once I complete the orientation?

No. You will be assigned to a clinical area for each week of your rotation. While in the delivery room, you will work with all of the Obstetricians. When you are on the Gynaecology rotation you will have an opportunity to work with a variety of consultants in order to get your experience. The rotation coordinator (Dr. Jasey) will act as your resource person during your rotation. If you have any concerns about the rotation, please feel free to contact Dr. Jasey.

How am I evaluated in the Obstetrics & Gynecology rotation?

Students will be evaluated from several perspectives:

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 Gyne 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

(3) Global and Peer Assessment.

- To occur at mid-rotation to allow time for students to work on a particular area or get assistance.
- The Peer Assessment should be changed to require students to complete the following statements:
 - a. The skill, characteristic, competency that I admire most is
 - b. An area that he/she could work on is

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

The NBME Examination in Obstetrics and Gynecology is a multiple choice examination (100 questions) that will assess your medical knowledge (Medical Expert Objectives) in Obstetrics and Gynecology. It will be administered from 10:00 a.m. to 12:30 p.m. 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. **This will contribute 30% to your final mark.** The exam must be passed to successfully complete the rotation as it is the objective assessment of your medical knowledge. 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.

Summative 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 counseled to improve their basic knowledge in obstetrics & gynecology.

* All of these methods of evaluation will be explained to you at your Orientation Session.

THE RESPONSIBILITY OF THE EVALUATION PROCESS IS YOURS!!

Grades will be submitted as **Meets Expectations or Does not Meet Expectations**.
Evaluation forms may be obtained at the Department Office.

A final exit evaluation will not be performed until the forms are submitted.

What about feedback and evaluation?

Please complete *your* evaluations of the *rotation*, including teaching sessions, residents and staff. Handing these in will ensure that you receive your final evaluation.

At the mid point of your rotation an interim evaluation will be arranged. Any deficiencies will be identified, and if you are concerned about gaps in exposure, they will be identified. An exit interview will also be arranged and at this point your evaluation and final assessment will be discussed. Areas that you need to work on during your next rotation may be identified. It is important for you to have this final session **before** leaving the service and be comfortable with the recommendations and evaluations. You will be required to date and sign the evaluation and hand in your evaluation of the program at that time as well.

How is the rotation organized?

You will spend **three and one-half weeks** in Ambulatory Care, **1 week** in the Operating Room with the Gynecology Team, and **one and one-half weeks** in the Delivery Room and Postpartum Ward.

Your ambulatory care rotation will be spent both in the hospital clinics as well as doctors offices in the community. A clinic schedule will be provided to you at the initial orientation. The clinics will occur both in the hospital and in various offices in the community. The address and phone numbers of the clinics will be given to you at orientation. You should contact the office you are scheduled to attend on the day prior to confirm that the clinic is still scheduled. If you find the clinic is cancelled, contact Bev Nicholls first for an alternative and if she is unavailable, Dr. Jasey will direct you to another one.

What about night call?

The call schedule will be handed out at the first Monday rotation. There should only be one clerk on call at a time. If you are on Gyn or Ambulatory rotation you should arrive at the Delivery Room by 1730 hours. You should receive “sign over” from the clerk in the Delivery Room and meet all the Obstetrical patients. You should also contact the consultant on call and inform him/her that you will be on-call. You should leave your pager number on the Delivery Room board as well.

If you have a need to change the nights that you are on-call, then you can trade with another clerk. You must inform Dr. Jasey and Bev Nicholls of any changes to the call schedule. You are off duty at 0800 hours the day after call, ***provided that your clinical duties are completed and there are no booked educational sessions.*** If you are assigned call on the night before the scheduled formal consultant teaching session (i.e., the equivalent of the Thursday Morning sessions in London), you can leave at midnight to ensure that you get a good night’s sleep before the teaching session. You must attend these formal teaching sessions and we would like to have you there awake!

You are dismissed from call at 1800 hours 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 OB/GYN on-call room is located on the 2nd floor, 2 North in Room 2101. You can get the key from the nursing station on 2North. The spare on-call room at WRH is located on the 4th floor, Room 4301-1. It is located across the hall from the Schulich Windsor Program Office, Room 4306. You can get the key from Bev Nicholls (Ext. 52507).

How does the Gynecology service work?

You will be assigned to ORs during the rotation. You must then follow the surgery in-patients that you encounter there for the rest of your rotation so you are expected to make regular daily rounds on these patients.

What am I supposed to be seeing while in the OR?

During your Gynecology rotation you are expected to see at least one of:

- abdominal hysterectomy
- vaginal hysterectomy/LAVH
- bladder repair (various surgical techniques are possible; try to see as many as possible while you are on the service)
- diagnostic laparoscopy
- operative laparoscopy
- D&C
- hysteroscopy
- endometrial ablation
- cone biopsy

If you do not see all of these procedures during your Gynecology 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.

How does the Obstetrics service work?

On the first day, please make an effort to sit down with the nurse-manager of the Delivery Room to be oriented to this often very 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.*

We will expect you to 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 but only after you have reported your findings to a consultant. Those patients that you work up in this way then should be followed by you throughout labour and birth.

Following patients in labour often seen as a thankless task but it is important to get an idea of what constitutes normal (and abnormal) labour. Therefore, 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, or consultants. Patients must always be

given the opportunity to give consent when procedures are to be done *for the education of a trainee*.

When it comes time for the delivery, you should be there also and scrub-in.

Tell me more about my role in 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 if you temporarily 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.

What are the “rules of the road” in general as far as what I can do when seeing patients in out-patient settings?

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.**

What if I have to miss part of a clinic?

You should inform the consultant of your absence. This is important in order to avoid being labeled as either late or absent for no good reason. Remember if you do not inform the clinician with whom you are working that you have to be absent, you are at risk of failing the rotation because of “unprofessional behaviour.”

Formal Teaching

What is formal teaching?

Windsor clerks will have their own Consultant Tutorial sessions which will correspond in terms of material covered to the Tuesday and Thursday Consultant Seminars in London. You will be informed of the time and place and date for these sessions by the Windsor

consultants. You can access the notes and references used by the London consultants from the Clerks' Corner web page of the Ob/Gyn Web site, www.uwo.ca/obsgyn/

OB/GYN Maternal Newborn Grand Rounds takes place every Thursday from 0800-0900 hours in the Clinical Education Conference Centre.

Resident Informal Teaching takes place every Thursday from 1600-1700 hours in the 2East Classroom.

Objectives

What are the objectives for this rotation?

The clerkship will provide basic obstetric and gynecology 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.

Gynecology:

1. Perform a sensitive, organized history (including menstrual, contraceptive, sexual and gynecologic history) in ambulatory patients presenting with gynecologic problems.
2. Perform a complete physical examination with an emphasis on the gynecologic examination (abdominal exam, bimanual pelvic exam, speculum exam and pap smear) in ambulatory patients presenting with gynecologic 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 gynecologic problems (first trimester vaginal bleeding, pelvic infection, pelvic pain, wound infection and acute bleeding)
5. Participate on the gynecologic 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 gynecologic 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>

Do you recommend any particular textbook for me to use while on the rotation?

The following textbooks are recommended reading for the OB/GYN clerkship:

Beckmann et al. Obstetrics and Gynecology

Gordon et al. Obstetrics, Gynecology, and Infertility: Handbook for Clinicians-Resident Survival Guide