

Welcome to the Gynecology Service!!! The following are some suggestions that will hopefully aid and direct you as you begin your rotation.

### ***Morning Rounds***

- Patients will almost always be admitted to the 6<sup>th</sup> floor.
- Pick one (2 at most) patients to follow during their hospitalization.
- Arrive early enough to see the patient and obtain vitals, lab data, and imaging results prior to the arrival of your residents.
- Vitals must include the range for the past 24 hours as well as the most current VS (temp, pulse, respiratory rate, O2 sats, SBP/DBP)
- Check Ins and Outs, especially POD #1
- Review the medical record for events which may have occurred overnight.
- Ask the patient about pain control, hunger, passage of flatus, ambulation, use of incentive spirometer, and any other general problems.
- Examine the patient.
- In general, dressings will be removed on POD 2 unless they are a private patient of one of our Attendings (in which case, please ask).
- Let your resident remove any vaginal packing if one was placed in the OR
- Present the patient to your resident in the form of S.O.A.P
- The assessment should begin with identifying data (e.g. 42 y/o G4 P3013 with a h/o MMR POD 1 s/p TAH, blah blah blah...)
- Then present to the Chief Resident when he arrives for Work Rounds at 6:00 AM
- On Work Rounds, bring the patient's chart so that orders can be written as we move from patient to patient.
- Once Work Rounds are completed, you will present your patient to the Attending.
- Rounds must be completed by 7:00 AM daily in time for resident check out on Labor & Delivery (4<sup>th</sup> floor)

### ***O.R. Protocol***

- Ask the Chief Resident for a list of the next day's cases so that you can read about it the night before.
- One student should be in every OR case unless you are supposed to be in lectures.
- Do not be late to the OR. In order to know when your patient goes back to OR 3 or 11, keep checking in Outpatient Surgery or the Holding Area once you know your patient is going to be the next case.
- When not in the OR, you should see patients in the Gyn E.R.
- Do not be late to lecture.

### ***E.R. Protocol***

- Let the nurse perform the initial intake. (Some nurses do not mind if you eavesdrop so that you can obtain some of the history at the same time. Many questions asked by the nurses, students, and residents are redundant.)
- Interview the patient focusing on the chief complaint for which they presented to the E.R. Remember, in the E.R., the approach needs to be problem-focused rather than general. The physical exam will then be directed by the chief complaint.
- When taking a pain history, remember to ask about the quality (sharp or dull), quantity (constant or intermittent/colicky), primary location and radiation, time of onset (what was she doing when the pain started and how long has the problem been going on), and finally, what makes the pain better and/or worse.
- Examine the patient. The pelvic exam will need to be done with your resident. In general, the PGY2 is first to see patients with you in the E.R. However, all residents will inevitably be seeing patients in the E.R.
- Rotate out with your classmates to get time to eat lunch.

## Clinic

- Starting out, follow the residents with their first few patients to see how clinic works.
- Once comfortable, see a patient assigned to your resident while he or she is interviewing and examining another patient.
- In your note identify your patient (e.g. 23 y/o G2 P2002 LMP 3/4/04 using ??? for contraception, presents today with a ??? month h/o ???) and their chief complaint. The following HPI will then expound upon the chief complaint. If it has been > 1 year since their last annual, the exam will essentially be their well woman exam; otherwise, the exam will be focused as dictated by the chief complaint.
- On every patient write down their last PAP results and MMG results, and respective dates. If a woman is over 50, check to see if they have had a flexible sigmoidoscopy or colonoscopy.
- Don't forget that you will need to present a few patients over the course of your three weeks on GYN to an Attending in clinic.
- In general, 3<sup>rd</sup> year students will see patients in the General GYN clinic and in the Family Planning clinic. Third year students usually do not see patient in the Tumor or Urodynamics clinics. You may see patients in the Residents' Continuity clinics at the discretion of the particular resident.

## General Student Responsibilities

- Be punctual.
- Do not skip lectures.
- Know your patients.
- Maintain the roster of all patients admitted to the GYN service.
- You will be asked to pick one topic to discuss during your GYN rotation. Pick a topic that interests you (the Table of Contents of your study guide is a good place to start).