

The Medical Student OBGYN Rotation at Johns Hopkins Bayview

The Basics

The six week rotation at Bayview is offered every quarter and during the summer, and is open to six (6) students at a time. The rotation is divided into 6 blocks of roughly 1 week duration. Students will be assigned to either:

- GYN OR / Surgery
- OB/GYN Clinic (routine GYN, OB, High risk OB, Infertility, Colposcopy, Adol GYN, pre-op GYN) – 1-2 students
- L&D (Labor and Delivery Suite) days
- NICU (neonatal intensive care unit) AM / OB ambulatory / L&D Days nursing preceptorship PM
- L&D nights

At Bayview, the night-float student gets to go home the next morning after attending rounds and any required lectures. **All** students are **required** to attend daily morning weekday rounds.

On the assigned service, the student will be expected to be present until the day is completed in the cases of clinic and OR days, and until the night-float person reports in the case of L&D. You must check-in with your chief resident before leaving for the day. You should have patients to pre-round on in the morning. If you do not, bring this to the attention of your chief resident to see if there is an appropriate patient that can be assigned to you. With your assigned schedule, you should not be working more than 80 hours per week.

The Bayview site director is **Dr Betty Chou**. She will meet with you weekly for discussions, and of course you *really* should be there. You will be excused from your other clinical obligations at those times. On the first clinical day of the rotation there will be a required orientation where Dr. Chou will go over the basics of the rotation. She will also review the process of rounds and how to write notes and present patients.

Vicky Wisniewski will get your ID validated so that you can gain entrance into the L&D suite, and will arrange parking passes for you to park on an assigned lot so that is not a problem. The 1st day, just park in any visitor parking or garage. You will be given access to our scrub machines during orientation.

There is also occasional didactics on some mornings after rounds for the entire team. Unless scrubbed in the OR, you are expected to attend these. Additionally, before the end of the rotation, you are expected to give a 15-20 minute presentation on an OBGYN topic of your choice. **DON'T PROCRASTINATE ON THIS!** Please pick a narrow specific topic to present to your fellow medical students, residents, and attendings. You will need to have your topic approved by Dr. Chou beforehand to ensure the appropriateness of the topic. Please create a handout (with references) to be distributed, and you may develop a power point presentation (however this is not required). The handout and an evaluation (filled out by an attending or chief resident present) must be handed-in to Dr. Chou.

For your evaluations, you will need to pick 4-6 people to evaluate you. At least 2 of these people must be attendings (pick those who have worked with you the most). Residents can also be picked, but no interns please. These evaluators will fill out your evaluations on line. Please remember that while you can pick those who you want to evaluate you, **ANY OTHER ATTENDING OR RESIDENT** can also elect to evaluate you. You will also have a standardized patient exam and a shelf exam at the end of the rotation. Please fill out your Patient Tracker often so as to not get behind on documentation of your clinical experiences.

You are allowed up to 3 excused days from the rotation. You **must** have these days pre-approved by Dr. Betty Chou. These are **NOT** vacation days (not to be used for vacation/weddings/etc). They are only to be used for interviews, committee meetings, professional meetings/presentations, illness. All other days must be made up.

The Team

The day team at Bayview consists of the attending of the day (who can vary depending on the attending schedule), the OB Chief and the GYN Chief. These are senior (4th Year) residents who are responsible for the care of antepartum, laboring, and immediately postpartum patients, or all the post op GYN patients respectively. There is also a 1st and 2nd year resident on the OB day team and a 2nd year resident on the GYN team. Finally there are the students (very important to the team). The night team consists of an attending, a chief (3rd year resident), a 2nd year, an intern, and the night-float medical student.

Your Responsibilities

SHOW UP! On time, ready to work, enthusiasm and a good attitude are greatly appreciated.

Know about and be prepared to present your patients on rounds. Your daily note **MUST** co-signed by a resident and be in the chart **BEFORE** rounds so your day will basically start by 6 am or earlier depending on the # of patients you are following. Daily rounds are at 7 am, are "sit down" format, and could last about 1-1-1/2 hours. Rounds on the weekend begin at 8am. OB/GYN Grand Rounds are every Thursday (except over the summer) and are teleconferenced to Bayview from JHH. All students are expected to attend daily weekday rounds, regardless of which rotation they are assigned to.

In clinics

Volunteer to see the patients, perform an appropriate H&P depending on the type of clinic (OB, GYN, Preop, etc.), and present the findings to a resident, with whom you will perform a pelvic exam when appropriate (almost always). Repeat as necessary... You are expected to be able to perform a pelvic exam (speculum and bimanual) by the end of the rotation.

In the OR

(Optimally) preop the patient, and enter meet the patient before the case. You should help wheel the patient into the OR. For big open cases (eg. open abdomen) it is probably appropriate to *scrub* in to get a better view; but for vaginal cases, scrubbing may not be an option. For hysteroscopic or laproscopic cases, ask the chief resident if you should scrub. Certainly the anatomy is best seen on the TV screen anyways. On days where there is no OR (usually Wednesdays) you automatically revert to GYN clinic or GYN floor work. You are expected to follow and write notes on any patients in whose surgery you were involved. You should also be helping to write the operative notes.

Check the OR cases the DAY BEFORE, such that you will have time to read about the procedure, its indication, and appropriate anatomy (Netter, OB surgical atlas, eg. Wheeless...it has good pictures and is easy to read. DEFINITELY review pelvic floor vasculature and anatomy (expect to be "pimped" in a benign manner during your OR cases). Review the students' handbook to go over OR protocols and procedures if you have not done surgery, or consult your friendly upperclassman student for more advice.

On L&D

You should have fun on L&D. It can be really busy, so your help will be greatly appreciated. You should help see triage patients, write notes on laboring patients, help manage complicated antepartum patients, help delivery uncomplicated patients, and scrub in on many cesarean sections.

You should help see some triage patients by obtaining a targeted history, present this to the resident, then perform an exam (if appropriate) with the resident.

Write notes *q* 1-2 hours on all patients on the suite, and be assertive about taking care of patients that you wish to deliver. Talk to the residents to help decide which patients would be appropriate for you to help deliver. You should always meet

and help care for a patient before you get to deliver her. In terms of note-writing, on L&D there is a specific SOAP note format...where the "A" section consists primarily of maternal vitals, as well as fetal heart tones (FHT's), a sterile vaginal exam (SVE), and a review of the tocodynamometer. Your friendly resident or intern can help you with this particular task. Any patients that you deliver also require a specialized delivery note, a task on which residents can provide lots of guidance. Another important writing task would be the completion of Mg sheets for pre-eclampsia patients. You will be a big help if you keep the Mag notes current. The post-call/night float junior resident will present all patients actually located on the L&D suite during morning rounds. If, however, the patient leaves L&D and are transferred to the floor, her daily note is your responsibility.

There are a few private attending physicians (Drs. Bourque, Garland, Lancaster)) whose patients deliver at Bayview and they are really nice and receptive to medical students, so be assertive! They usually will let medical students deliver their patients.

Night Float

Night float will be served in L&D, so in addition to the basic guidelines above, it would be HIGHLY appreciated if you were to help with triaging patients who walk into L&D with various complaints. Your job is to get a BRIEF history, perform a directed physical exam, present the findings to the resident on-call with you and do a pelvic exam where appropriate with that resident. If you can do the same functions on ER consults, you will again get lots of smiles from your residents. Bring money (or dinner from home) as the team often will order out for dinner, and most times the food is pretty good! You often will also be responsible for writing Night of Surgery (NOS) notes, fever notes, etc. Please get guidance from your night residents for this.

GENERAL DETAILS

The residents are all Hopkins people and uniformly strong. We have fostered an atmosphere of family and teamwork here at Bayview. The service is resident run with attending supervision. The residents and faculty are eager to teach and want to make learning fun. Ask lots of questions and be assertive! Volunteer for stuff, try to be on top of your patients, actively develop your fund of OB/GYN knowledge, and don't forget that the patients have all the usual medical problems too, so don't just think of them as pregnant people. You will earn lots of resident smiles!

Read, read, read! Please refer to the Johns Hopkins OB/GYN medical student website to see what topics are recommended to study (including preterm labor, preeclampsia, gestational diabetes, ectopic pregnancy, placenta previa, abruption, VBAC, menorrhagia, fibroids, amenorrhea, PID, cervical dysplasia – just to start). The website is full of useful and educational links. You can also see the various clinic schedules. You need to keep an on-line log of the OB/GYN patients you see in clinic, the OR, ER, and on L&D. We also expect you to learn some surgical skills, particularly learn how to tie knots and do some closures. Be proactive about learning these skills, ask residents for teaching when there is down time.

The nurses are all generally very helpful, friendly, and knowledgeable; but often very busy, so again, be polite, and use your judgement with your inquiries of them. Again, we stress the teamwork between the physicians and the nursing staff. Please be respectful of them and they will certainly be a huge asset to your rotation experience. Most of the nurses are more experienced than medical students or junior residents; you can learn a lot from them! You should also learn to put in IV's, foleys, etc with them.

This is a great rotation. You get to do a lot if you have the motivation and the drive, and the residents are much more amenable to teaching. Be assertive and volunteer to do stuff! Everyone is interested in giving you a good experience and that's important for your education (you are paying for this...remember?). Remember, this is a busy service with some very sick patients and people are busy, but ...well, you get the picture...Enjoy!

Medical Student Responsibilities (according to the house staff!)

In addition, the residents have come up with a list of responsibilities that they believe are basic to the medical students' learning experience.

A. While the students are on the obstetrics suite either on days or nights day they should:

1. see all the triage patients (within reason) and present them to the resident prior to performing the pelvic and propose their plan of action;
2. follow all the laboring patients on the suite and begin pushing with a fully dilated patient.

B. **GYN Surgery:** The student should be aware the day PRIOR whether they are to be scrubbed in the OR for gyn cases. The OR schedule is posted the day before on labor and delivery. We expect the students to try to read about the cases as much as possible as well as know the patients' history & preoperative labwork involved. We would love for them to be involved in the surgery more than just cutting suture, so if they would like to be given a chance at tying and suturing, in their spare time here they should be practicing knot tying, etc. on labor & delivery.

C. **Floor work:**

1. **All** antepartum patients should be covered by a medical student. To maintain continuity, the medical student should keep this antepartum for the remainder of the patients' stay despite rotating through gyn or clinic. All postpartum patients in whom you played a significant role in their delivery should be followed until discharge.
2. All gyn patients that a student has scrubbed in on should be followed by the medical student (within reason). Again, to maintain continuity, the student should follow this patient throughout the patient's stay. Also, on weekends, cross coverage would apply.
3. Any proposal made in the plan of the patient that has been approved of in rounds should be followed through (ie if an ultrasound is suggested, then call down to schedule the ultrasound and fill out the requisition). Any labs ordered should be followed and checked. If not, this information should be signed out to the on call medical student or supervising junior or senior resident.

D. Note writing: The rounding notes should be done 15 - 30 minutes prior to rounds so that the resident has time to review the notes with the students and make any necessary corrections.

E. Immediately after rounds, the medical students should ask their supervising resident what floor work needs to be done, scripts written, orders, etc. and assist in these matters prior to going off to their daily assignments.

F. Prior to going home that day, the medical student should sign out to the supervising resident regarding their patients and any outstanding labs/data.

G. While on night-float, the medical student should remain on labor & delivery, triage patients, follow all laboring patients, see the ER consults first or with a resident, perform fever work-ups on the floor, and write night of surgery notes.

H. Downtime: If there are no OR cases, and no clinics, medical students should remain on the suite to help see triage patients and do deliveries with residents, or simply catch up on reading.

I. Fourth year students who have chosen a specialty other than OBGYN should use this opportunity to hone skills that will make them an excellent intern! There is something for everyone on this rotation—after all, we are primary care physicians for women.