

June 22, 2008

To: 4th year Medical Students on the OB/GYN rotation at Sacred Heart Hospital
From: Joseph Peterson, MD
Medical Student Preceptor

EXPECTATIONS

1. *Be enthusiastic.* This is what you want to do for the foreseeable future, right?
2. Be prompt. You are expected to round on patients each morning. This means you must be finished seeing your patients by 6:00 am to allow ample time for the residents to round and make sure your notes are appropriate.
3. Know your patients. You will present patients during morning report the 3rd and 4th week except on the Gyn/Onc service. Presentations are a portion of your grade. Pay attention to the residents during the first two weeks, they will teach you our particular style of presentation. Model yourselves after them.
4. Be proactive and participate. If you rotate through the GYN service, it is your responsibility to ask the GYN chief which case he or she wants you to scrub in on. Most often, you will be assigned to a resident to follow them for that day. Sometimes while assigning everyone to the proper surgery, students go unassigned. They are not trying to ignore you. *You* must be proactive in your education. If this happens, don't be offended, simply ask them where you should go.
5. Act and dress professionally. If you rotate through the clinic, please wear proper attire. Even though residents may be in scrubs, you should dress business casual (no jeans).
6. Read. In this packet, you will find a list of objectives for the rotation in general and specific objectives for Gyn/Onc and MFM. Use these to direct your studies within the textbooks(s) of your choosing.
7. Present to your peers. You will be required to do a case presentation the last Friday of the rotation. You will do this during the Friday Morning didactics session. Please see the handout in this packet for presentation guidelines.
8. Gain experience. If you feel that you are not getting the experience you desire, or if you have a personality conflict with one of the residents, please come to me. I cannot help remedy a situation or work to improve your experience if I am not aware of the problem.
9. Relax and have fun. The first days of any new rotation are very intimidating. I'll stress again the importance of being prompt and enthusiastic-these two attributes go a long way. Treat this like a pre-interview, where we get to know you and you get to know us a little bit better.

I am always available for your questions and concerns. Enjoy Pensacola!

RESPONSIBILITIES

1. Show up at 6:30 AM in L&D Resident's Conference room.
2. Meet with Holly Lohr and/or Dr. Joseph Peterson at 8:00am for orientation.
3. Orient at Med Staff office.
4. Report to your assigned location.
5. Review and understand this handout
6. Attend Friday lectures (even if post-call)
7. Take 4 calls (one per week of rotation). Sign up on call schedule in L&D conference room. Check with the residents for good nights for call.

Gyn Surgery

1. Assist on all Seton Center operative cases. Speak with the Gyn chief each morning. You may be assigned to private attending's cases if you desire or if needed.
2. In the morning before rounds, see and write notes on any Seton Center patients in whose case you were present. This does not apply to private physician's patients.

Labor & Delivery

1. Stick with the intern. Unless they are in the bathroom, they will be providing the bulk of your experience. They take first calls on all patients in house, so in order to maximize your experience, *stick with them*.
2. Write notes on one or two laboring patients. Notes are to be written every 2 hours.
3. In the morning before rounds, see and write notes on any Seton Center patients that you delivered via C/S or SVD. This does not apply to private physician's patients.

Gyn/Onc

1. Operate with Dr. Decesare on Monday, Tuesday, Thursday and sometimes Friday.
2. You may miss lecture to operate (the resident may not)
3. Round on all inpatient Gyn Onc patients while on service.
4. Assist the Oncology residents in data collection, orders, etc
5. If Dr. Decesare is in the office and does not require your presence, you are expected to go to the resident clinic (Seton Center).

MFM

1. Report to Drs. Thorp & Dobak's office - the Regional Perinatal Center (RPC) promptly after rounds.
2. Shadow the U/S tech and the MFM of the day in office. You may arrange with the MFM who is in the office to round instead with the MFM covering the floor if there are interesting cases to see or amniocenteses to do, if you desire. This assignment will be at the MFM's discretion.
3. Round on all in-patient antepartum patients (up to 5 patients).
4. You may miss lecture to stay in the Regional Perinatal Center if necessary.

ROTATION OBJECTIVES

Gyn Surgery

Preceptor-Joseph Peterson, MD

1. Identify the major gyn pathology that leads to an abdominal hysterectomy.
2. Understand and recognize basic pelvic anatomy.
3. Demonstrate understanding of sterile technique, and basic surgical skills.
4. List the major types of incontinence, and a treatment for each.
5. List major post operative complications of gyn surgery.

Labor & Delivery

Preceptor-Joseph Peterson, MD

1. Understand the cardinal mechanisms of labor.
2. Define the stages of labor.
3. Demonstrate knowledge of normal labor vs. dysfunctional labor.
4. Demonstrate repair of obstetrical lacerations.
5. Perform an uncomplicated delivery.
6. Discuss shoulder dystocia, and maneuvers to treat.

Gyn/Onc

Preceptor-Steven DeCesare, MD

1. Identify the gynecologic malignancies and know typical presentations of each.
2. Know how to work-up an ovarian mass.
3. Know the types of ovarian neoplasms and pathologic findings of each.
4. Be able to work-up a patient with abnormal or post-menopausal bleeding.
5. Describe the detection and treatment of cervical dysplasia.
6. Know the risk factors for developing cervical cancer.
7. Understand the treatment for cervical cancer.
8. Understand the evaluation of vulvar abnormalities.
9. Know the risk factors for developing gestational trophoblastic disease and the treatment.
10. Understand the differential diagnosis for pelvic mass.
11. Be able to write an Op note and understand basic post-operative care.

MFM

Preceptor- Jim Thorp, MD and Bill Dobak, MD

1. Be able to recognize normal fetal anatomy on ultrasound.
2. Know basic cardiac anatomy and the physiology of fetal circulation.
3. Be able to recognize preterm labor and preterm premature rupture of membranes.
4. Know how to diagnose and treat pre-eclampsia and diabetes.
5. Observe amniocentesis and understand the risks associated with the procedure.
6. Assist in cesarean delivery.
7. Perform spontaneous vaginal delivery if possible
8. Understand the development and management of multiple gestations.
9. Have a basic understanding of Rh isoimmunization and fetal hydrops.
10. Know the work-up for recurrent spontaneous abortions and for thrombophilias.
11. Understand the difference between preterm labor and cervical incompetence and describe the placement of a cerclage.

GUIDELINES FOR CASE PRESENTATION

1. Case presentations will be given the last Friday of your rotation.
2. Your presentation should be at least 15 minutes in length, but no longer than 30 minutes.
3. Select an interesting case, and present the following:
 - a. Chief Complaint
 - b. Pertinent Past medical and Past Surgical history
 - c. Develop a differential Diagnosis
 - d. Discussion of the case, and the medical literature
 - e. Resolution of the case (ie what was done) and the follow up if available
 - f. Narrow your focus to the pathology, pathophysiology or technique used and then expound on that topic.
 - g. At least two references from peer reviewed journals (you may submit the articles to me or list a bibliography in your presentation)
4. Any questions regarding case presentation can be directed to me.

SCHEDULE

Fourth-year rotations are designed to fit your preferences. You can rotate through any combination of benign GYN, OB, MFM and Gyn/Onc with at least one week spent on each rotation. Most of our visiting 4th year students choose to do two weeks each on Gyn/Onc and MFM.

Attendance at Friday morning didactic sessions is expected and required, regardless of your rotation schedule (night float included). You will not have any clinical duties after didactics on Friday unless you are specifically looking for more experience. This means you will be free to start your weekend around noon on Fridays unless you are taking call that night (Fridays usually are busy and good for experience).

Dr. Bush provides lectures on pertinent topics every Thursday at 3pm in the L&D Doctor's Lounge to 3rd year FSU medical students who are rotating with the local private physicians. These lectures are not required for our 3rd year LECOM students, PA students, 4th year sub-interns or any other rotating students, but all are welcome and encouraged to attend.

EVALUATIONS

Evaluations will typically be done utilizing a standard form provided by your school. An informal mid-rotation evaluation will take place with me in order to address any areas of concern and plan for the final two weeks of your rotation.

For your final evaluations, please give five different residents or faculty members an evaluation form. Please give a list to Danika or Holly of the physicians to whom you gave the evaluations.

Your final grade will reflect your professionalism, the resident evaluations, and your performance on your case presentation.