Clerk Handbook for LHSC Meds 2019 Block 7

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 in the Undergraduate Program section of the website: (http://www.schulich.uwo.ca/obsgyn).

Administration

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

The Education Coordinator, Rania Giannakopoulos, is the person to speak to first about most clerkship matters. Contact information: rania.giannakopoulos@lhsc.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 Rania. If Rania is unable to answer your question she’ll redirect you to Dr. Saima Akhtar, Deputy Director of Undergraduate Medical Education for the Department of Obstetrics & Gynaecology (519-685-8500 x58002).

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?

For clerks starting on the obstetrical or gynaecology services (including those starting on night float), you should be present at morning handover in the Team Room B4-246 at 6:30am. You will meet the residents on your team and will receive instructions about where to go following your orientation sessions.

For clerks starting on the gynaecologic oncology service, you will receive instructions as to where you should go via e-mail from the GynOnc residents.
For clerks starting on outpatient clinic, you do not need to be present for any clinical activities before your first orientation session at 7:00am.

All clerks will have your first teaching session with Dr. Akhtar at 7:00 am in B2-124, and an orientation session with an admin staff member at 9:00. At 9:30 am there will be a presentation on the Pregnancy Options Program. Once teaching is finished, the current OB Chief Resident or designate will have orientation. At that time, details of the rotation will be discussed, including the role of the clerk in our Department.

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

**Mondays:** Informal Teachings with various locations and physicians. The topics and full schedule can be found online in the Undergraduate Program section of the website: [http://www.schulich.uwo.ca/obsgyn/education/undergraduate/index.html](http://www.schulich.uwo.ca/obsgyn/education/undergraduate/index.html).

**Tuesdays and Thursdays:** Seminar Series Teachings with various locations and physicians. The topics and full schedule can be found online in the Undergraduate Program section of the website: [http://www.schulich.uwo.ca/obsgyn/education/undergraduate/index.html](http://www.schulich.uwo.ca/obsgyn/education/undergraduate/index.html).

**Wednesdays and Fridays:** Grand Rounds and Friday Morning Rounds. Announcements will be e-mailed to you.

*All clerks are expected to attend these teaching sessions, regardless of which rotation you’re in. This includes clerks on night float.*

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

There are lockers on the 5th floor of Tower B, outside of the 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. **LOCKS WILL BE REMOVED BY HOSPITAL SECURITY AFTER 24 hours.** The team room is NOT to be used to store personal belongings. Please leave all personal belongings in lockers.

Am I on my own once I complete the orientation?

No. You will be assigned to either the “Red Team” or “Blue Team” in the Delivery Room and either the “Gray Team” or the “Purple Team” on Gynaecology. Please see the list of consultants working on each team below. There are also three Chief Residents at any given time: the Purple Chief, the Gray Chief, and the OB Chief. If problems or issues arise during your rotation, you should feel free to discuss them with the Chief Resident, Dr. Akhtar, or Dr. Penava.

**Red Team Physicians**
Dr. Tracey Crumley  
Dr. Robert Di Cecco  
Dr. Genevieve Eastabrook  
Dr. Robert Gratton  
Dr. Joanne Kirby  
Dr. Jordan Schmidt  
Dr. Erin Lovett

**Blue Team Physicians**
Dr. Saima Akhtar  
Dr. Shannon Arntfield  
Dr. Stephanie Black  
Dr. Cynthia Chan  
Dr. Barbra de Vrijer  
Dr. Ghislain Hardy  
Dr. Carol King
At the mid-point of your rotation Rania will email you regarding the date/time/location of the mid-rotation interview with Dr. Akhtar 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 three evaluations at the mid-rotation interview. This must include one Observed Patient Encounter Assessment. If you do not have your required evaluations at your mid-rotation interview, this may be documented on your Mid-Rotation Clerkship Assessment form as a failure to meet expectations in the Manager role.

At the end of the rotation you will have an "exit interview" with Dr. Akhtar, Dr. Arntfield, Dr. Black, Dr. King, Dr. Kirby, or Dr. Penava. 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. Rania 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 of these components are part of your final assessment. If these components are not complete, your final assessment will not be submitted.

**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 one week in Gynaecology, one week in Gynaecologic Oncology, one week in the Delivery Room and Post Partum Ward, one week on night float, and two weeks on Ambulatory Care.

The Chief Resident will discuss where to meet on the different services (Gynaecology, Gynaecologic Oncology, and Delivery Room).

On Outpatient Clinic, the majority of your clinics are in Victoria Hospital, 5th floor, with the exceptions of:

1) Colposcopy (St. Joseph’s Health Care, Zone B, Level 4, Room B4-507)
2) Early Pregnancy Assessment Unit (EPAU; Victoria Hospital, Zone E, Level 3, Room 619)
3) Reproductive Endocrinology and Infertility Clinic (REI; Victoria Hospital, Zone E, Level 3, Room 619)
What about night float and 24-hour call?

Generally, there is one clerk 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.

When you are on night float, you should be present for handover at 5:00pm until 8:00am the next morning.

When you are on weekend 24-hour call, you should be present for handover at 7:00am.

You are off duty at 8:00-9:00am, provided your clinical duties and educational sessions are completed.

What about the day of the exam?

*For clerks on night float before the exam*: You will be dismissed from night float at 12am the night before the exam. You are not expected to attend morning rounds or to be on service in the morning. You will not be expected to return to service after you have completed the exam.

*For clerks on night float the night after the exam*: You are not expected to attend morning rounds or to be on service in the morning. You will start night float after the exam at 5pm.

*For all other clerks*: You are not expected to attend morning rounds or to be on service in the morning. You will be expected to return to service after the pizza lunch.

*For everyone*: There will be a pizza lunch provided in B2-405 at 11:30.

How am I evaluated on the Obstetrics & Gynaecology 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 final grade)

(1) Dictation Assessment

- Required activity to pass (meet expectations) the rotation.
- One dictation assessment is required.
- Each student shall submit a dictation from either a new consult seen in clinic, an admission to A/N, or a discharge summary of an antenatal or gynaecology patient in whose care the student has been involved.
- The purpose of the dictation assessment is to have students become more comfortable and familiar with dictations but also
Should demonstrate clear, organization of the information gathered, a concise synopsis of the presenting problem and a management plan, whether that involves further investigation or follow-up.

The dictated note should be reviewed by a resident or attending staff.

Failure to complete a dictation assessment constitutes a failure in this aspect of the assessment process and failure to successfully complete the Ob/Gyn rotation.

(2) Observed Patient Encounter Assessment

Completion of twoObserved Patient Encounter Assessment forms is a required activity in order to pass the rotation.

- One form must be completed by a consultant. The consultant form must include both a history and physical. The other form may be completed by a resident.
- One must be completed by the mid-rotation interview.
- Failure to complete two observed patient encounter forms constitutes a failure in this aspect of the assessment process and failure to successfully complete the Ob/Gyn rotation.

(3) Clinical Assessment Forms

Completion of four clinical assessment forms is a required activity in order to pass the rotation.

- Three forms must be presented at the mid-rotation review (may include Dictation Assessment and/or Observed Patient Encounter Assessment).
- Failure to submit four forms constitutes a failure of this aspect of the assessment process and a failure of the Ob/Gyn rotation.

Summative Assessment

Clerkship Exam

- The final exam will consist of a written combined multiple-choice and short answer exam.
- Questions may cover topics from your clerkship lecture series, 2nd year Repro course, Toronto Notes, and/or clinical experiences on rotation.
- The exam must be passed in order to successfully complete the rotation in Ob/Gyn.
- Passing grade is 60%.
- Clerks failing the final exam may retake with the next block.
- In the event of a 2nd failure, clerks will fail the Obstetrics & Gynaecology rotation and will need to recomplete it.

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 Gray/Purple or Gyn Onc. The team will consist of a Gyn consultant, a senior resident (SR) and a junior resident (JR). You should round with the team in the morning 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 your schedule from the Gyn Onc Resident.

You are expected to see at least one of the following clinical entities:
1. abdominal hysterectomy
2. vaginal hysterectomy
3. pelvic prolapse 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 Chief Resident 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.

The goals of your rotations in Gynaecology and Gynaecologic Oncology are to provide exposure to and observation of common procedures in gynaecology and improve your knowledge of important anatomic structures as they relate to gynaecologic surgery. Hands-on experience is not the objective or expectation of this part of the rotation. Your role in the OR will frequently be that of an observer.

Please note:
Upon arrival on the Gyn Oncology service, you are expected to contact the Gyn Oncology resident to receive his/her assignment. 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.

Clerks are encouraged to attend deliveries from the time the patient begins pushing. This will increase your experience and involvement in the delivery. Clerks should stay with a patient from the start of pushing until delivery for at least three patients over the course of the rotation.

For clarity, the clerkship objective “performs a vaginal delivery of a baby” requires that the clerk be sitting in the chair, acting as the person primarily responsible for managing the birth from appearance of the head to appearance of the feet. Clerk will be “hands on”, but there may also be a resident/consultant guiding who will also have hands on.

**How do we function?**
The night float clerks stay in house overnight. The night float clerk is officially off-call at 8:00am the next day and is released after handover (and teaching, if applicable).

*How the clerks assigned to the OB Team will function:*
- All clerks will round on the post-partum patients 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.

**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. If you perform a history for a family doctor’s patient, you should definitely follow that patient for delivery as well. 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://sogc.org/wp-content/uploads/2013/01/gui246PS1009E_000.pdf](http://sogc.org/wp-content/uploads/2013/01/gui246PS1009E_000.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 or day on service?
You should inform Rania as well as the consultant in advance of the reason for your absence. If you working on one of the services (Gynaecology, Gynaecologic Oncology, or Delivery Room), you should also inform the residents. This is important in order to avoid being labeled as either late or absent. **If there is an unexplained absence, you are at risk of failing the rotation as a result 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 post-partum rounds on patients that you have managed in the DR. 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 8:00-9:00am (schedule located on the Department Website: http://www.schulich.uwo.ca/obsgyn/education/continuing/grand_rounds.html). You are expected to attend these rounds.

Case-Based Rounds - Friday mornings from 8:00-9:00am (schedule located on the Department Website: http://www.schulich.uwo.ca/obsgyn/education/continuing/friday_rounds.html). You are expected to attend these rounds.

Consultant Seminars are usually every Tuesday and Thursday, from 8:00-9:00am. The schedule and topics are posted in the Undergraduate Program section of the website: http://www.schulich.uwo.ca/obsgyn/education/undergraduate/index.html. 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. They 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 prior to the teaching seminar.

Clinical problem solving sessions are usually on Mondays in Room B2-124. This will be confirmed by Rania and a schedule of all teachings will be in the Team Room B4-246.

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

Nursing Collaborations:
Everyone is scheduled to partner with a nurse. For most clerks, your Nursing Collaboration is the
same day of your first on-call shift. The Nursing Collaboration is mandatory. If you do a call switch, make sure you’re not switching a shift that disrupts your Nursing Collaboration.

The Nursing Collaboration has been designed to familiarize clerks with the delivery room and the role of the nursing staff. It provides an opportunity for you to follow a specific patient throughout the labour process, possibly performing physicals exams and/or cervical checks. It also allows the nurses to be familiar with you before your night shift.

The goal of the Nursing Collaboration is to improve student awareness/experiences in the delivery room. It is meant to be primarily an observership that could be used by students to gain IPE credits, if they wish. This is not, however, the primary function of the experience. In order to maximize the chance of following a patient until delivery, the Nursing Collaboration shift will last 8 hours.

If you have your Nursing Collaboration on a weekday, you will:
- Come in for handover at the usual time (i.e. 6:30)
- Work on the OB team until teaching/rounds
- Start Nursing Collaboration at 9am (or immediately after teaching/rounds end)
- Finish your Nursing Collaboration at 5pm
- Attend handover/rounding with the OB team at 5pm

If you have your Nursing Collaboration on a weeknight (night float), you will:
- Come in for handover at 5pm
- Work on the OB team until 7pm
- Start Nursing Collaboration at 7pm
- Finish your Nursing Collaboration at 3am
- Rejoin OB team at 3am
- Attend handover/rounding at 6:30am

If you have your Nursing Collaboration on a weekend or holiday, you will:
- Come in for handover at the usual time (i.e. 7)
- Work on OB team until 9am
- Start Nursing Collaboration at 9am
- Finish your Nursing Collaboration at 5pm
- Attend handover/rounding with the OB team at 5pm
- Rejoin OB team for overnight call shift

Objectives
1. The clerkship will demonstrate basic knowledge and application of skills in women’s healthcare required to function effectively as an (undifferentiated) physician.

**Obstetrics**

2. Perform a focused history and physical examination in early pregnancy.
3. Establish and confirm gestational age.
4. Identify risk factors during an initial antenatal assessment.
5. Identify relevant health issues in pregnancy.
6. Counsel patients with respect to nutrition, activity and exercise, sexual activity, smoking and drug use in pregnancy.
7. Discuss the importance of routine prenatal laboratory investigations, prenatal diagnostic options (IPS, NIPT, Quad screen, amniocentesis, CVS) and ultrasound assessment of fetal morphology.
8. Identify the optimal time in pregnancy to order the various prenatal diagnostic options and ultrasound.
9. Participate in ongoing antenatal care and investigations (GDM screening, Rh prophylaxis, GBS screening, term cervical assessment) to ensure maternal health and normal fetal growth.
10. Demonstrate knowledge and management of obstetrical complications seen in triage or on the antenatal ward (decreased fetal movement, preterm labour, premature rupture of fetal membranes, maternal hypertension, pre-eclampsia, antepartum bleeding).
11. Describe normal and abnormal progress of labouring nulliparous and multiparous women.
12. Participate in intrapartum management including assessment of labour, cervical dilation, fetal position.
13. State the criteria for ensuring antenatal fetal well-being (non-stress test, biophysical profile) and intrapartum fetal health (intermittent and continuous fetal heart rate monitoring).
14. Perform a vaginal delivery under supervision and actively manage the third state of labour.
15. Participate in or observe a caesarean section.
16. Identify a first, second and third degree obstetrical laceration.
17. Define and participate in the management of post-partum haemorrhage.
18. Support women in their effort to breast-feed.
19. Identify and manage post-partum complications (voiding difficulty, nerve injury, venous thromboembolism, perineal and bowel care, depression).
20. Describe normal healing at 6 weeks post-partum.
21. Provide counselling regarding risks and success rates of VBAC (vaginal birth after caesarean section).
22. List contraceptive options post-partum.

**Gynaecology**

23. Perform a focused (including menstrual, contraceptive, sexual and gynaecologic) history in ambulatory patients presenting with gynaecologic problems.
24. Perform a complete physical exam with emphasis on the gynaecologic exam (abdominal exam, bimanual pelvic exam, speculum exam and Pap smear) in ambulatory patients presenting with gynaecologic problems.
26. Outline an approach to diagnoses and management of patients presenting to emergency or urgent care with acute gynaecologic problems (first trimester bleeding, pelvic infection, pelvic pain, wound infection and acute bleeding).
27. Participate on the gynaecologic surgical team providing perioperative care and assist in common gynaecologic surgeries (laparoscopy, vaginal and abdominal hysterectomy, repair of pelvic prolapse and urinary incontinence).
28. Diagnose, investigate and manage post-operative complication (VTE, PE, UTI, infection).
29. Describe the importance of screening of cervical cancer and current screening programs.
30. Discuss the results of an abnormal PAP smear and outline appropriate follow-up or investigation.
31. Identify the signs and symptoms of gynaecologic malignancies (vulvar, cervical, endometrial, ovarian).
32. List the important investigations for gynaecologic malignancies (colposcopy, cervical or vulvar biopsy, endometrial biopsy, Ca125, pelvic exam).
33. Conduct patient-centered interviews that explore the patient’s feelings, idea, impact on function, and expectations.
34. Develop therapeutic relationships with patients characterized by compassion, empathy, respect and collaboration regarding management decisions.
35. Discuss access to abortion in Canada and how patients in London and Southwestern Ontario access services at LHSC.
36. Describe how new patients requesting abortion are assessed and how they are screened prior to booking a procedure date.
37. List the different methods of abortion and which are appropriate based on gestational age and patient selection.
38. Describe a first trimester D&C including the technique and potential complications.

39. List contraceptive options post abortion and follow up available to each patient.

40. Describe the psychosocial variables that place women at risk for unintended pregnancy and how they shape decision-making.

41. Recognize personal beliefs regarding abortion and, through values clarification, discover ways to suspend judgment and avoid bias in Options counseling.

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.


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: 