THE OB-GYN CLERKSHIP:

Your Guide To Success

Authored by the Undergraduate Medical Education Committee (UMEC)
of the Association of Professors of Gynecology and Obstetrics (APGO)

The Obstetrics and Gynecology Clerkship:
Your Guide to Success

The Association of Professors of Gynecology and Obstetrics (APGO)
Undergraduate Medical Education Committee (UMEC)

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Welcome to the Ob-Gyn rotation! We hope that you have an outstanding hands-on learning experience during the clerkship and that you make great strides in your knowledge of women's health. Ob-Gyn, a field that merges surgery, medicine and primary preventive care into a single practice, has tremendous rewards. We hope that you experience these rewards during your clerkship.

The purpose of this booklet is to help you get the most from your Ob-Gyn clerkship. Each program is different and guidelines articulated in this booklet may not apply to every program. In such cases, follow your clerkship director's instructions. We want you to succeed during your clerkship, so we asked your teachers for tips on what to do — and what not to do — to learn most effectively on the clerkship.

We asked the residents...
and they said, "DO"...

- **Learn from every patient** — even if you're not going into Ob-Gyn, you will still learn things that will help you in every field. This may be your only opportunity to experience Ob-Gyn, so make the most of it.
- Spend time with your patients, even those with complicated problems — you can learn the most from seeing patients in clinic and on labor & delivery (L&D), and reading about them.
- Get involved in procedures, but be sensitive to what's going on...that is, when blood is spurting into the operative field, don't ask questions about the anatomy.
- See patients that speak another language, even if you don't speak the language. A "Spanish lesson" (at www.apgo.org/members/medical-students.cfm) may be helpful or you may use an interpreter phone.
- **Be part of the team!** Follow through on patient care tasks and check in frequently with the residents.
- Emulate the interns — they're doing the kind of work that you can do to be most helpful to the team.
- Take initiative. "How can I help out? I'll write the note on that patient" goes a long way to make the team function better and gives the residents more time to teach you.

Paul Drinen, MD
Chief Resident
University of New Mexico
Accepted staff position: Indian Health Service, Chinle, Arizona

Paul's advice...
"Remember that you can learn something from every member of the team. I learned to pass instruments and tie knots from the scrub tech, and how to get my patients the best follow-up care from the social workers."

- Be available! If you are not around, you may miss out on procedures, deliveries or teaching, and the residents or nurses may not have time to track you down.
- Come in early, if you know that it takes you longer to see patients and write notes.
- Introduce yourself to nurses, scrub techs and others on the team.
- Show interest beyond the basic requirements. Talking to the radiologist about the ultrasound findings or paying a visit to the oncology patient before afternoon rounds adds to patient care and to your experience.
- **Use common sense.** Have a pen, an obstetric wheel and your clerkship orientation materials in your pocket. Documents that tell you how to write delivery, operative and other kinds of notes are very helpful.
- Teach the team. Volunteer to help the team by reading about topics in depth and by sharing what you have learned with the group.
- Have your pharmacopeia or your PDA on hand for information on medications. PDAs may also have helpful resources, such as "Up-to-Date."
- Eat and go to the bathroom before you go to the operating room (OR)!

...and they said, "DON'T"...

- Discuss plans with the patient until the team agrees on the plan.
- Gossip!
- Contradict the residents or attending physicians on rounds. Before or after rounds is a good time to clarify issues with the residents.
- Leave a surgical case in the middle, unless you are ill or have discussed it with the residents and/or attending ahead of time. This suggests a lack of interest.
- Complain about working too hard. The entire team works hard to get patients the quality care they need.
- Disappear when things are busy — this happens in the OR and on L&D; stay around until things slow down. Soon enough, you will get some teaching and you may get the opportunity to assist in a procedure.
- Be afraid to be wrong. Make an educated guess, even if you're not sure. This is your opportunity to come up with a differential diagnosis and learn how to think like a doctor.

We asked the attending physicians...

and they said, "DO"...

- **Prepare for the rotation.** Review notes on women's health topics from your first two years of medical school. Female pelvic anatomy, maternal physiology and physiology of the menstrual cycle are important underpinnings of the clinical problems you will see on the rotation.

- Understand the expectations for the rotation. Most programs have a formal orientation to familiarize you with goals, objectives and the expectations for your performance. Residents will informally orient you to the different services. Clarify specific expectations, if you are unsure.

- **Be punctual.** Being on time shows your enthusiasm for learning and respect for your team members.

- Show respect. Being respectful makes you a more valuable team member. All team members, including nurses and other ancillary personnel, can teach you and they will be more likely to do so if you respect them.

- Read and ask questions. Read, read, read! Most clerkship directors recommend one or two specific textbooks. Bring them with you. By reading ahead, you will become focused on the important aspects of the patients' care and you will learn in greater depth! Before and after surgical procedures, read about the topic and the procedure.

- Present cases. Present the patients you are following to the residents and/or attending physician. As a student, it is sometimes difficult to know what is most pertinent and how to prioritize the history. With practice, this becomes easier!

- Develop an assessment on every patient. Taking the history and presenting it are the easy parts. Developing a differential is harder and shows your ability to integrate your didactic knowledge with clinical findings. You might even try suggesting a management plan!

- Solicit feedback. Ask for feedback about your performance — your oral presentations, your written documentation, your technical skills (with deliveries or pelvic exams) and your ability to develop a differential diagnosis.

- Be enthusiastic. Enjoy your rotation and show your enthusiasm for learning.

The Ob-Gyn rotation ranges from six to eight weeks at most schools. During the clerkship, you will acquire a basic set of clinical and technical skills related to women's health. Ob-gyns are women's health care physicians. Although physicians in other fields — such as Family Medicine and Internal Medicine — care for women, ob-gyns are specialists in the office and surgical care of women's obstetric and gynecologic problems. They are also experts in primary preventive care to women throughout the lifespan. In the hospital setting, general ob-gyns deliver babies and operate on the female pelvic organs. In the office, they perform routine pelvic examinations and provide information about normal menstruation, Pap smear screening, and contraceptive and sexuality counseling, as well as provide ongoing pregnancy care. Ob-gyns also care for specific problems, such as vaginal discharge, irregular bleeding, urinary incontinence, hot flushes or pelvic masses. In many cases, these problems may be diagnosed and treated, both medically and surgically, by the same physician.

Students typically rotate through distinct obstetric and gynecologic services. You are likely to see patients in both outpatient and inpatient settings. Hospitalized patients include those admitted for delivery and those undergoing gynecologic surgery.

Your clerkship director will provide you with the goals and objectives specific to your medical school's clerkship. The Association of Professors of Gynecology and Obstetrics (APGO) is a national organization devoted to medical education. This guide is one of its many resources directly intended to help students. Others are available on the APGO Web site at www.apgo.org/members/medical-students.cfm.

As a medical student, you are an adult learner. Now is a good time for you to consider your knowledge and abilities, and set some individual learning goals. Share your goals with your team and your clerkship director, so they can provide you with appropriate assistance and support.

Learning effectively on the clerkship

Students learn differently. Reading about, discussing and seeing patients with different clinical problems reinforces and consolidates your knowledge base. Seek out opportunities to practice your physical exam and technical skills, whenever possible.

Certain topics are encountered by nearly all students during the Ob-Gyn clerkship. In obstetrics, common problems include bleeding, contractions, leaking fluid, swelling, abdominal pain and concern that the baby is not moving. In gynecology, common complaints include vaginal discharge, abnormal bleeding, abdominal/pelvic pain, abdominal/pelvic mass, annual exam, contraceptive counseling, unintended pregnancy, difficulty conceiving and abnormal Pap smear.

For a broad overview, two texts are commonly used in Ob-Gyn clerkships: *Essentials of Obstetrics and Gynecology*, by Hacker & Moore, and *Obstetrics and Gynecology*, by Beckmann & Ling. These brief, but comprehensive, texts cover the range of Ob-Gyn topics. In addition, *Obstetrics, Gynecology & Infertility Resident Survival Guide (Gordon)*, *Clinical Pearls*, and *Blueprints* are handy pocket references. Your clerkship director may recommend specific texts for the rotation.

Seeing patients in the clinical setting

Much of the time spent on your clerkship will involve being a **member of a care team**. Teams consist of multiple members, including residents, attending physicians, nurses, social workers, nurse practitioners, nurse midwives and lactation consultants. You can learn from all team members, so treat each one with respect. Your team may include some of your peers. Look out for your fellow medical students. If you've seen a certain procedure when your colleague has not, divide up the learning opportunities fairly.

As a team member, you will learn the most by **active participation**, such as going out of your way to see patients in clinic and preparing in advance for surgical procedures. Residents and attending physicians will play a major role in your education, not only in assisting you to acquire didactic knowledge, but also in helping you accomplish the many tasks important to patient care, such as writing notes and orders, and performing procedures. Mastering these skills will help you prepare for your residency.

The pace on inpatient services is variable and unpredictable. Always **bring your text**. Downtime can be used productively for ongoing study and reading about your patients. Link your reading to the patient problems you are encountering in clinic, on the wards and on L&D. Be sure to check with your resident to be sure all of the team's work is completed before you sit down to read.

Learning on your rotation will involve taking histories and performing physical exams. Your success on the clerkship will depend on your ability to gather relevant patient data, prioritize patient problems and **report on your patients** in a clear, organized fashion, whether orally or in writing. Along with your emphasis on the oral presentation and written documentation, it is equally important to develop a differential diagnosis and next steps in the workup of your patient. The next step after you report on your patients is to **interpret patient data** — come up with an assessment and plan (A/P).

Interview your patients independently, whenever possible. You will learn the most from the patient interviews you conduct, synthesize and record yourself. Get involved as early as possible after the patient's presentation/admission. Follow your patients throughout their clinic or hospital course. Read specifically about your patient's presenting clinical difficulty. Elicit feedback from residents and attending physicians on your clinical performance.

The patient interview

The amount of detail elicited during the patient interview will depend on the patient's clinical situation. New patients being admitted require a more extensive interview than patients with continuing hospitalization or patients in the clinic. In addition to the standard portions of the medical history, the comprehensive medical interview conducted during the Ob-Gyn clerkship typically includes the following items:

- Age, gravidity and parity
- Obstetric history
- Gynecologic history
  - Last menstrual period (first day)
  - History of STDs, abnormal Pap smears

- Contraceptive history
- Prolapse and/or incontinence

Tips

- Organize the results of the patient interview into a story that is easily understandable to a listener who has not previously heard about your patient.

- When seeing a patient in clinic, look through the patient's chart for previous outpatient visits or inpatient stays that may relate to the patient's concern today.

- When seeing a patient on the wards or on L&D, look at the patient's history & physical (H&P), as well as subsequent notes, to orient yourself to the patient's problem.

The physical exam

While you will apply general physical exam skills during the rotation, the core of the Ob-Gyn physical exam are the breast, abdominal and pelvic exams. Because of the sensitive nature of these exams, developing rapport with the patient is extremely important. You should *always* be supervised by a qualified chaperone or provider. Your institution may have specific guidelines regarding the supervision of pelvic exams. In general, your exams should include the following assessments:

Breast exam:

- Inspection
- Palpation of both breasts in the sitting and supine positions
- Expression of the nipple
- Palpation of the lymph nodes, including axillary and supraclavicular nodes

Abdominal exam:

- Inspection
- Palpation, especially for any masses
- Assessment of uterine size, especially in the pregnant patient

Pelvic exam:

- External genitalia
- Vagina
- Cervix
- Uterus
- Adnexae
- Rectal exam, although usually only performed once by the resident or attending you are working with

Recent media attention has focused on the performance of pelvic exams by medical students when their patients are under anesthesia. Performing pelvic exams when the patient is under anesthesia can provide the opportunity to correlate specific physical exam findings with their underlying pathology; however, only members of the operating team (you are part of the team!) should perform these exams. Some institutions have policies regarding patient consent for intimate exams. Learn and follow the policy of your institution regarding pelvic examinations while the patient is under anesthesia.

The assessment and plan

Developing an assessment and plan (A/P) for your patients is the most important component of learning on the Ob-Gyn clerkship and on all clinical rotations. This step involves interpreting the data you have gathered during your H&P exam, and is critical in becoming a skilled clinician.

Try to develop an A/P for every patient you see during your rotation. Regardless of the accuracy of your A/P, you have gone through the thought process of considering options for diagnosis and treatment.

Your fund of knowledge is important in helping you develop a differential diagnosis. Reading diligently about your patients will assist you in your ability to interpret and manage clinical problems.

Written documentation and oral presentations

You will be assessed on your ability to deliver a clear, cogent and focused oral presentation. Note the following:

- Ob-Gyn is a surgical specialty and, as such, the general expectations for presentations are that they be brief and focused.
- Just because you took a complete history, does not mean you need to present all findings. In general, it is expected that you will limit your presentation to pertinent positives and negatives, including the basic elements listed above for both the history and physical exam.
- Whether you may use your written notes when you give your oral presentation is variable.
- Don't fabricate information — if you don't know the lab value or the requested information, simply say that you don't know.
- Many students are more comfortable in reporting the H&P than in presenting an A/P. Try to avoid the temptation of trailing off at the point of the assessment. This is your opportunity to show your teachers that you have considered the differential diagnosis and the next steps for your patient.

- Strive for a fluid presentation that moves seamlessly into the A/P.
- Your daily written notes should be focused without necessarily repeating all the information in the original H&P.
- In general, it is expected that your notes should be in the chart before rounds.
- Institutions vary in whether student notes are allowed in the charts, both on inpatient services and in the clinic. Clarify the expectations for note-writing from your clerkship director or the residents.

Here is an example of an oral presentation of a clinic patient with dysfunctional uterine bleeding. Developing an assessment and verbalizing it to your preceptor shows that you are able to think critically in a clinical situation. This is the kind of critical thinking that will be required when you take the Step II CS exam.

Chief complaint

The presentation begins with a one-sentence description of the patient and the reason prompting her evaluation, setting up the listener for the information to follow.

Ms. H is a 49 y/o G1P1 who presents with irregular vaginal bleeding for the last 8 months.

History of present illness (HPI)

The HPI is presented in a problem-based and chronological fashion. The main problem is the focus of the history. The presenter should go back far enough in time — discussing other admissions or clinic visits — to discuss other relevant history.

Ms. H was first seen for this problem 3 months ago when she reported that, although her periods had previously been regular every 28 days, over the prior 5 months, she had experienced the onset of 2-3 periods per month, with unpredictable spotting. At that visit, the patient had an endometrial biopsy performed and a CBC. The endometrial biopsy was normal and the patient's hematocrit was 39%. She was scheduled for ultrasound 2 months later, which showed a normal non-enlarged uterus and normal ovaries. At a follow-up visit 2 months ago, the patient elected for expectant management of the bleeding.

This historical perspective provides information that directly affects the listener's interpretation of this patient's active problem. Your ability to determine which background to incorporate into your HPI will improve with time and experience. The details of the patient's acute problem are then presented:

Since that visit, the patient reports continued irregular bleeding and spotting. The bleeding is interfering with her daily activities and she reports that it is interfering with her ability to engage in exercise and to enjoy sexual relations.

Past medical history

Even in a short presentation, it is helpful to note significant past medical history. Although you may have gathered a more complete medical history, "pertinent positives" are usually emphasized in a brief presentation.

Medical problems

The patient's past medical history includes:

1. *Gastro-Esophageal Reflux Disease*
2. *Depression*

Past surgical history

Any prior surgeries are noted.

Past surgical history is remarkable for:

1. *Cesarean section*

Medications/allergies

All current medications (along with dose, route and frequency) are mentioned:

The patient takes the following medications:

1. *Lansoprazole 20 mg, 1 PO, BID*
2. *She has no allergies*

Social history

Alcohol, recreational drugs and tobacco are highlighted because their use is so widespread and the deleterious effects associated with prolonged exposure well-documented. A brief description of the patient's social environment may be included. Her sexual history may be included here.

Ms. H had a history of alcohol abuse in the past, but has been sober for the last 4 years. She has been in a married monogamous relationship for the last 15 years.

Family history

Emphasis is placed on the identification of illnesses within the family (particularly among first-degree relatives) that are known to be genetically-based and, therefore, potentially inherited by the patient. This would include history of coronary artery disease, diabetes, certain neoplasms, etc.

Family history is non-contributory.

Review of systems

Emphasize pertinent positives in a brief presentation.

Physical exam

This begins with a one-sentence description of the patient's appearance, along with her vital signs. In general, only positive findings are noted.

- *Ms. H appears generally healthy*
- *Vital signs : Temp 37.2; Pulse 80; BP 120/65; Respiratory Rate 20*
- *Lungs: Clear to auscultation*
- *Cardiac: Rhythm was regular, S1,S2 normal, no rubs, murmurs or gallops*
- *Abdomen: Soft, flat, non-tender; no palpable masses; well healed C/S incision, no organomegaly*

- *Pelvic:*
  - *External genitalia WNL*
  - *Vagina: No discharge; mild atrophy*
  - *Cervix: No lesions; Pap smear performed*
  - *Bimanual: Uterus small anteverted and non-tender, with no adnexal masses*
  - *Rectovaginal exam: Confirms above findings; no masses or nodularity noted*

Lab results, radiological studies, EKGs

In general, only lab values which are abnormal (or that directly contribute to the differential diagnosis) are mentioned, unless the labs are new or the patient is following up on labs. In this case, the pertinent lab results have been mentioned in the HPI.

Impression and plan

This is your opportunity to summarize the important aspects of the history, physical exam and supporting lab tests and formulate a differential diagnosis, as well as a plan of action that addresses both the diagnostic and therapeutic approach to the patient's problems. A one-sentence summary is often helpful to begin the impression.

My assessment is that Ms. H is a 49 y/o G1P1 with irregular bleeding most consistent with anovulatory bleeding associated with perimenopause. Endometrial hyperplasia and atypia were excluded with endometrial biopsy. Structural problems such as fibroids or polyps are unlikely, given the patient's normal exam and normal ultrasound. The patient currently desires treatment for the bleeding. Treatment alternatives were discussed with the patient. The current plan is:

- *Trial of oral contraceptives to regulate bleeding*
- *Return to clinic in 3 months*

Akiva Novetsky, MS III
Albert Einstein College of Medicine
Applying for an Ob-Gyn residency

Akiva's comments...

"Yesterday, I went directly from the operating room to the lab to research cervical cancer with my mentor. The vastness of the field allows you to be involved in all aspects of health care, from clinical medicine and surgery to scientific research. These opportunities for research and learning attracted me to Ob-Gyn."

Elizabeth Brass, MD
Ob-Gyn Intern
University of Colorado

Elizabeth's testimonial...

"One event I will never forget is the first minor operation I attended. The procedure was a postpartum tubal ligation. It was by no means a 'big deal,' but I experienced an inexplicable rush from assisting with the procedure. It was thrilling to contribute so directly to the health of my patient!"

Labor and delivery

The labor and delivery unit is a unique clinical setting which most students find highly rewarding, but which can also be intimidating. The inherently dynamic nature of labor creates an environment in which patient status and acuity can, and does, change on a regular basis. Introducing yourself to residents, patients, nurses and staff, and closely following designated patients, will help you integrate into the flow and optimize your experience.

Triage

You will help evaluate, admit and follow pregnant patients with both obstetric and non-obstetric complaints. The majority of pregnant patients are initially evaluated in a triage area designated specifically for obstetric patients. This area usually functions as an obstetric emergency room. Common pregnancy complaints include uterine contractions, rupture of membranes and decreased fetal movement. In many cases, the triage area is also used for pregnant women with non-obstetric complaints, such as nausea, headache or shortness of breath. Being actively involved in your clerkship's triage area is a valuable learning experience.

Once you have admitted a patient, you may be expected to present her case, and will sign-off your patient to your colleagues and to the junior residents at the end of the day/call. Your learning will be maximized if you follow patients each day during their entire hospital stay. Follow your patients' labor course, participate in the delivery and see them on the postpartum floor. Your enthusiasm and hard work will pay off in teaching from residents and attending physicians who will appreciate your motivation.

Because of the nature of Ob-Gyn, the on-call or float part of the rotation is vital to your learning experience. A tremendous amount of activity occurs at night and on the weekends, times when you will have a unique opportunity to be a critical part of the on-call team. This is also when you may have the greatest opportunity to perform a vaginal delivery or laceration repair. "Stick like glue" to the junior residents, because they will always be where the action is.

Postpartum wards

In the mornings, you will round with the Ob team on postpartum and post-operative Cesarean section patients. You will have the opportunity to learn about common postpartum problems, as well as counsel your patients regarding breastfeeding and contraception. Rounds frequently start early, so you can get to the labor floor, prenatal clinic or the operating room on time.

Antepartum wards

Rounds on the antepartum **service** can get more complicated. Hospitalized antepartum women have a range of medical problems such as diabetes, hypertension, infections (especially pyelonephritis), drug abuse/detox, preterm labor on bed rest and multiple other problems (lupus, HIV, influenza, etc.).

Despite the complexities of patient problems, your first assessment and plan will mirror the A/P from the admission note. Use a SOAP note format, with a systems-based A/P. Besides including all pertinent positives and negatives for that disease (e.g., hypoglycemic symptoms of dizziness, weakness, palpitations in a diabetic), there are seven simple questions asked of every pregnant woman: 1) **fetal movement** (expect this only after ~20wks); 2) **vaginal bleeding** (VB); 3) **rupture of membranes** or leakage of fluid (ROM or LOF); 4) **contractions** (ctx); and the three worrisome symptoms of: 5) severe preeclampsia: persistent **HA**; 6) **visual changes**/scotomata; and 7) **RUQ pain**.

Prenatal clinic

In the prenatal clinics, you will learn how to perform a prenatal history and physical exam, with particular emphasis on breast, abdominal and pelvic examinations, and fetal assessment. You will learn the basics in providing prenatal care and how to help address concerns the patients have about their pregnancy, medical care or personal situations.

At the first prenatal visit, a complete H&P exam is performed. This is the opportunity to talk to the patient and her family about staying healthy during pregnancy. At later prenatal visits, blood pressure, fundal height checks and assessment of fetal movement are ascertained. Counseling about breastfeeding and postpartum contraception, as well as other educational topics, are an important emphasis of prenatal care.

Michael Lanham, MS IV
University of Michigan

Michael's comments..

"There is an appreciable team-based mentality among those with whom students interact. The common goals of excellent patient care and continuing education for all on the team, from the third-year medical students to senior residents to the most senior attendings, permeate each day's events. Internalizing these goals and demonstrating genuine interest in fulfilling them not only allows students to learn critical facts from experts, but also to be welcomed and integrally involved as the newest team members."

Gynecology services are predominantly surgical services. Patients are typically seen, rounded on, and notes are written and placed in the charts, prior to the first case in the operating room. Students benefit from clinical experiences in the inpatient setting, the operating room and the ambulatory setting, including outpatient clinics and the ER.

Operating room

Preparation for the OR will improve your experience. If you can, review the operative schedule ahead of time. This will allow you to read in advance about the procedures being performed — the indications, risks/complications and anatomy — and about the actual patients undergoing the procedure. On the day of surgery, don't be shy! Greet the patient and review her history. You are an integral part of the gynecologic surgical team! After surgery, all patients need an operative note and post-operative orders. Once the patient gets to the floor, a post-operative check is done and documented in the chart.

Students are encouraged to scrub on as many cases as possible. Your residents and attendings will assign you to cases. For many operative laparoscopic procedures, limited room around the table means that students can see better unscrubbed. Check with the attending and/or senior resident if in doubt. Where time allows, and at the discretion of the surgical team, students may help to open or close the abdomen or perform skin closures.

Inpatient

Patients are usually admitted either from the OR or the ER. On the Gyn inpatient service, it is typically expected that you will round on patients whom you know — those whose operations you participated in or whom you saw in the ER. You will present your patients and answer any questions about them during morning rounds. The timing for rounds varies, depending on the number of patients and the day's activities.

Ambulatory

Your team or clerkship director typically determines the schedule for participation in general and specialty gynecology clinics. After rounds are completed, some students will be assigned to the OR and some to the clinic. In the clinic, see patients independently, if possible, so that you can work on developing your own differential diagnosis and appropriate management plan.

Emergency room

You can learn much by participating in the care of patients in the ER. The majority of patients are consults called by ER physicians, but occasionally by other services, such as General Surgery. If your patient is admitted, try to follow her care during her hospital stay.

Professional behaviors

We control our individual and collective professional destiny by adhering to a code of ethics and behaving in a manner that demonstrates high standards. Empathy, sensitivity and compliance with the patient's wishes are essential.

Specific professional behaviors are expected of medical students during all their clerkships, including the Ob-Gyn clerkship. The principal ones are:

Respect

Demonstrate respect for yourself, for those with whom you work and study, and for patients. Signs of respect include professional grooming and dress, as well as how, where, and when you talk to and about your patients.

Confidentiality

Law and professional codes of conduct dictate keeping written and verbal patient information confidential. You must refrain from accessing patient information (manually or electronically) unless you are a member of the patient's primary health care team.

Responsibility

As a medical student, you are responsible for your actions, both clinical and academic. You are responsible for your education, including self-directed learning and meaningful participation in group activities. You are responsible for complying with institutional policies and following institutional procedures. Finally, you are responsible for addressing conflicts or problems as they arise, with involvement of appropriate authorities (e.g., clerkship director) as necessary.

Integrity

Be honest with yourself, your colleagues and your patients in intellectual, clinical and personal pursuits.

Timeliness

Being timely in completion of your tasks is a crucial part of being an effective physician. Complete tasks on or before deadlines and respond to pagers, e-mails and other forms of communication as soon as possible.

Reflection

Professional behavior requires active reflection on your actions, experiences and emotions. Discussing specific events and your responses to them with peers and mentors can be extremely helpful. Expect to make errors, both because you are a learner and because you are human. The key is learning from your mistakes.

Communication

Legible writing enhances patient care. Communicate concisely and clearly, both verbally and in writing. Include your name and indicate your student status in all of your notes.

The doctor-patient relationship

While patient rapport is important for all physicians, the unique and intimate nature of the breast and pelvic examinations makes rapport especially important for ob-gyns. Empathy, sensitivity and compliance with patient wishes are essential. Asking patients if you can observe or participate in their care is common courtesy. Most patients gladly accept students as part of their health care team, but this is always the patient's choice. Graciously comply with patients' wishes regarding student involvement in their care.

Practical tools for the clerkship

We have assembled some practical tools to help you during your Ob-Gyn clerkship. These tools include notes: a sample L&D admission note, a sample delivery note, a sample operative note, a sample vaginal postpartum delivery note, a sample Cesarean section postpartum delivery note and a sample Gyn history and physical.

Tools also include sample admission orders, commonly-used abbreviations and a Spanish lesson, as many institutions have a large number of patients who only speak Spanish.

These tools are available on the APGO Web site at www.apgo.org/members/medical-students.cfm.

Joyce Varughese, MS IV
Albert Einstein College of Medicine
Matched at Yale in Ob-Gyn

Joyce's comments...

"During my clinical rotations in the U.S. and abroad, I learned that in many societies, the maternal figure is responsible for the health of her entire family. Ob-Gyns, therefore, have a unique opportunity to combine primary care and public health interests to improve the health care of men, women and children around the globe."

Considering a career in Ob-Gyn

Ob-Gyn is a wonderful career choice, and we hope you will give serious consideration to this specialty. Consider your personality and preferences, and envision whether you would find long-term professional satisfaction as a generalist or subspecialist in Ob-Gyn.

General Ob-Gyn

Completing a four-year Ob-Gyn residency prepares you as an Ob-Gyn generalist. Some of the reasons which might lead you to a career as an Ob-Gyn generalist are:

- Ob-Gyn is attractive to students with an interest in providing health care to diverse groups of women across the lifespan, with an emphasis on disease prevention and providing continuity of care. Nearly 80% of patients seen by ob-gyns are aged 15 to 45, when preventive care can be of significant benefit in preserving health, and when many patients are open to prevention messages.

- Participating in the miracle of birth and the resulting emotional rewards last a lifetime and are important reasons for satisfaction in the specialty. No other specialty has such exciting and happy outcomes. This major life event often creates a long-lasting bond between the patient and physician, making future interactions emotionally gratifying.

- For students who enjoy working with their hands and are attracted to a procedure-based specialty, you may be surprised at how many surgical and office procedures are done by ob-gyns. Major surgeries include abdominal and vaginal hysterectomy, laparoscopic surgery using a variety of instruments, hysteroscopic procedures, and laparotomy with surgery on the pelvic organs, including more extensive abdominal cancer surgeries and vaginal reconstructive operations. Office procedures may include amniocentesis, umbilical vein sampling, colposcopy, abortion, conization of the cervix, hysteroscopy and saline-infused sonograms.

- Ob-Gyn is uniquely suited to students who desire variety in their practice, as most physicians in this specialty spend approximately half of their time in the office and half of their time either in labor and delivery or in the operating room.

Subspecialty choices in Ob-Gyn

Although most ob-gyns are generalists, several subspecialty fellowships are available for those interested in more specific aspects of women's reproductive health. Fellowship opportunities include Maternal-Fetal Medicine, Gynecologic Oncology, Reproductive Endocrinology and Infertility, Urogynecology, Pediatric and Adolescent Gynecology, and Family Planning. Fellowships typically offer clinical training and the opportunity to do research, preparing trainees for both private practice and academic careers.

Maternal-Fetal Medicine (MFM or Perinatology): Perinatologists provide care primarily or exclusively to pregnant women with high-risk conditions such as diabetes, hypertension, infectious diseases, and abnormalities of fetal growth and development. Maternal-Fetal Medicine fellows become experts at obstetric ultrasound.

Gynecologic Oncology: Subspecialists in Gyn Oncology provide care for women with malignancies of the reproductive tract, including ovarian, uterine and cervical cancer. Gyn Oncologists give chemotherapy and participate in planning radiation, in addition to performing often extensive surgery on both the pelvic organs and the intestines, and the urinary tract.

Reproductive Endocrinology and Infertility (REI): REI subspecialists care for couples with infertility or for women with endocrine problems. This subspecialty requires an extensive knowledge of endocrine physiology and up-to-date knowledge of the rapidly progressing field of assisted reproductive technology.

Urogynecology (Female Pelvic Medicine & Reconstructive Surgery): Urogynecology subspecialists care for women with pelvic floor disorders, which produce symptoms of discomfort or urinary or anal incontinence. The major focus of this subspecialty is on advanced vaginal and abdominal reconstructive surgeries.

Pediatric and Adolescent Gynecology: Subspecialists in Pediatric and Adolescent Gynecology care for girls and young women from ages 0-18 with a wide variety of gynecological issues. These include congenital anomalies of the female reproductive system with reconstructive surgery, ovarian cysts and other pelvic masses, abnormal menstrual cycles in teenagers, amenorrhea, vulvar abnormalities, including lichen sclerosus, labial agglutination and condyloma, and vaginal discharge and infections.

Family Planning: Family Planning subspecialists care for women who need reproductive health services. This subspecialty emphasizes public health training and expertise in family planning and abortion. One year of the fellowship is devoted to achieving a master's degree in public health. Many programs include international family planning clinical care and research experience.

Lifestyle

Studies reveal that the typical work week for the ob-gyn in private practice ranges from 41 to 60 hours, which is similar to other specialties of medicine. Great flexibility exists within this traditional framework. Depending upon the number of practice partners and the nature of the specific practice, time is available for family and personal needs. Many practices build in a day off each week. Other arrangements include job sharing, part-time practice, hospitalist (working in hospital only), ambulatory care only, gynecology only, military, public health and administrative or academic positions.

Income

Ob-gyns are well-paid specialists. Recent surveys show that ob-gyns earn significantly more than primary care physicians, and have an income similar to that of other surgical specialists. This increased income allows ob-gyns to choose part-time and other reduced workloads, while maintaining an adequate income to support their lifestyle.

Males in Ob-Gyn

Medical students have expressed concerns that males may have difficulty as ob-gyns — that female patients may not want to see a male ob-gyn, and that male students are no longer welcome or viable candidates for a residency and practice in Ob-Gyn. This myth is not supported by data. A recent survey in *Medical Economics* found that the majority of women want knowledgeable, skilled physicians with whom they can communicate and feel comfortable. For most women, the physician's gender is less important than these factors.

Earning power continues to favor male ob-gyns, and surveys conducted by the Council on Resident Education in Obstetrics and Gynecology (CREOG) indicate that males are finding good jobs.

Residency training

The Ob-Gyn residency is four years. Rotations during these four years are divided between obstetrics, gynecology, gynecologic oncology, reproductive endocrinology and ultrasonography. Recent developments include a national limit of an 80-hour work week for all specialties, with many Ob-Gyn programs requiring fewer hours than this maximum. Many residencies have developed a "night float" system, where residents work nightly for a number of weeks in order to have no weekday night call responsibilities at other times.

There are more Ob-Gyn residency positions than there are U.S. medical school graduates who are applying to Ob-Gyn programs. Therefore, it is very likely that all interested and qualified applicants will be matched with an Ob-Gyn residency. 2006 Match data indicate that 98% of Ob-Gyn residencies were filled (72% by U.S. seniors).

Resources

For those interested in pursuing a career in Ob-Gyn, information of interest is available on the APGO Web site at www.apgo.org under "For Medical Students." In addition, medical students can attend the APGO annual meeting free-of-charge. This national meeting is an excellent opportunity to experience what's new in Ob-Gyn education, and to meet and interact with a great number of faculty from various institutions. Students may also attend the annual American College of Obstetricians and Gynecologists (ACOG) annual meeting free-of-charge. Additional information is available at the ACOG Web site at www.acog.org.

...advancing women's health through education

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