So...welcome to OB/GYN! We know you have heard both good and bad about this rotation! This rotation can be tough, but it can also be a ton of fun. The purpose of this orientation is to put in black and white what the expectations are for medical students from the residents on this service. We know the College tries to give you an idea of what the expectations are, and those things ARE important. However, you are going to be in the trenches with US! So you need to know how to survive and how to get the most out of this rotation. So, first things first! What are your goals? Are you dreading this rotation? Are you hoping to just squeak by? Or are you a middle of the road kind of student? Do you hope to learn what you need to know but don’t feel the need to honor?

Finally...are you a gunner? Are you dying to do OB/GYN and what to show us all what you’ve got? Or are dying to do Ortho and need to honor everything you do? No matter who you are, you all want to pass! And we have a recipe for you!
GENERAL TIPS

1. The Thursday before each new specialty week, page your chief resident to ask when you should meet for rounds on the first day. DO NOT page late in the evening (EVER), on a Friday, over the weekend, or rely on friends to tell you when you should show up.

2. If you don’t know…ASK! And if you ask, listen to the answer.

3. All schedules are the OB resident lounge. You can see who is on call over the weekend, who is chief of your next block, pager numbers, conference schedules, etc. Refer to it often.

4. If you have to go somewhere, just tell us. But be honest.

5. Don’t ask to go home early. We will send you if we feel its appropriate. Just because you aren’t going to get a delivery, doesn’t mean you can’t learn something or see something educational.

6. You will learn by doing and seeing. If you hide and read all day, you will not learn nearly as much! I PROMISE! The oral exam for this rotation is hard. Don’t be fooled. You will have the best chance at success if you have personal experience from the floor to associate your reading with. Get INVOLVED! Everyday. Everyway.

7. Space is limited. Share. The nursing station is not the place to sit and read, especially during the day. And if you are writing a note/reviewing a chart at the desk and a nurse/resident/attending comes over, get up. Give them your seat.

8. Write ups. These should be turned in to the resident you worked with for this case. Make sure they are complete. We think they are silly too, but if you have to do them, then do them right. Don’t turn them in late and don’t give a bunch to the same resident. Also, don’t turn them and expect them back the same day.

9. Be proactive! We are often very busy but are excited to have you guys involved in every way!

Yup. We deliver.

And we want you to deliver too! Our goal is to provide a fun and educational experience! Cesarean sections, deliveries, hemorrhages, versions, laparotomy, laparoscopy, hysteroscopy…We’ve got it all!
“If you are absent during my struggle, don’t expect to present during my success.”

-Will Smith

Labor and Delivery

1. Rounds: You round on any patient whose delivery/C-section you were a part of. Residents round at 5:30am. So do you, even if you have only 1 patient. After rounds is a good time to read/work on write ups/etc. Also, it’s a good idea to take the time to go back and see what the resident wrote/corrected on your notes from morning rounds so you can improve.

2. Following pts: The intern is your point of contact on the floor. If they are busy, grab a second year, then third year, etc. You follow normal laboring patients, but the interns will help you pick the best pts to follow. Don’t pick up a patient who is 8-9cm and expect to snag a quick delivery. You need to meet a patient and develop a rapport.

3. Pagers: At the beginning of each shift, your pager numbers/last names go the white boards at each desk. Don’t forget to write them up there. You will miss deliveries if you do!

4. Introduce yourself to the nurse. Ask if the patient is a good patient for a med student to follow. Tell the nurse you are eager to learn and want to be an active participant and then prove it. Write notes on actively laboring patients every hour. If they are not yet in active labor, you write a note every two hours. Ask the nurse to call you for cervical checks and then let them check behind you so you can see if you are correct.

5. Push with your patients, even if the resident/attending doesn’t. It can take forever. That’s ok. See how we labor and the progress our patients make.

6. Most important – BE PRESENT! And we mean mentally and physically. Labor and delivery is rapidly changing. It can be empty one minute and bursting at the seams the next. The most exciting things happen without warning. If you are around, you will be a part of it. If you holed up in the library with a book, you will miss it!!!
Other Subspecialties

Gyn Onc

1. You will round early. You will stay late. Just be prepared. Find out from the chief on service when to meet the first day.
2. You meet in the workroom on 5 North.
3. Dress up. Dress clothes for rounds before AND after surgery unless told otherwise by your resident. Scrubs in the OR only.
4. Read about your patients. You will be pimped.
5. Know your anatomy. You will be pimped.
6. You help with PM rounds. You don’t leave when surgery is done. You leave when the work is done.
7. Notes are written in system-based fashion. Know what that means. It will be a great preparation for your MICU rotation next year.
8. The attendings are tough, but they are good guys! They want you to have a good experience and LEARN! But they have high expectations.

MFM

1. Rounding time varies depending on how long the list is. Check with your resident.
2. Dress up. Scrubs are only for deliveries and C/S.
3. Meet in the resident lounge on 4Center. Turn right off the elevator and around the corner, door is on the left. A nurse can point it out to you on your first day. There is a code on the door. It will be given to you on the first day.
4. You may be in the office or the hospital.
5. These patients are often hospitalized for long periods of time. Be respectful of that in the morning.
6. Read about your patients!

Nights

1. Sunday night you sign out at 7pm sharp in the lounge.
2. Monday night you come at 5pm to the OB classroom for lecture. OB sign out follows.
3. Tues-Thurs, we sign out at 5:30 in the OB lounge on 3Center.
4. AM sign out is at 6:45 in the OB classroom. Be prompt.
5. If you delivered patients at night, you should round on them before sign out in the morning.
6. Use your time wisely. Don’t sleep in the lounge. Ever. You can nap in med student call rooms in the basement if you have to.
7. The board changes all the time. Don’t let hours go by without keeping yourself updated.
8. If your laboring patients are moving slowly, you can watch C-sections, see patients in triage, or help the chief seeing patients in the ER.
Things you should be able to do prior to expecting the opportunity to suture in the OR:

1. How to scrub
2. 2 handed knot
3. Subcuticular stitch
4. Buried French knot
5. Know how to hold/load a needle driver
6. Hold pick-ups like a pencil
7. Gown and glove yourself in an emergency

Just FYI, you will probably never do a vaginal repair. Just know it in advance.

The OR. That magical place where time stands still (for many medical students) and your mind wanders away…WAIT! Don’t let this be you! This rotation offers the opportunity to get hands on in the OR and here is how.

1. The first day, make mental notes how the resident helps set up in the OR. Then do those things every day after. Everything from moving the patient to the table, back to the bed, getting gloves, putting your name on the white board, attaching the stirrups, placing a foley, taking the end of the bed off, moving the stretcher out can be done by a med student! The more the surgeon sees you taking charge of the things you can do to help, the more likely they are to let you get your hands dirty!

2. Meet the patient...and the surgeon! Get to the holding area (usually South Holding for GYN but occasionally North Holding in the afternoon. C-section pre-ops are on 2C or from a labor room), meet the patient, and make sure you have met the attending. Ask if they mind if you scrub.

3. Exam under anesthesia. You will do a pelvic exam once the patient is asleep.

4. Steal stuff. Not literally. Ask the techs and they will give you left over suture. Grab gloves and practice knot tying. There are videos on You Tube. You don’t need someone to teach you. Be able to tie a 2-handed knot with the confidence! We have needle drivers and pick-ups in the lounge. Sew up bananas. Be able to do a sub-q stitch. The OR is not the place to learn to suture or tie. It’s the place to perfect it.

5. Pay attention to your anatomy. Surgeons will often chat through a case about their weekend, their last case, their cottage, and then suddenly pounce on you like an unsuspecting mouse. Be ready for them. Watch the dissection and know where you are anatomically.

6. Retract! Yup. It’s scut. We know it. You still have to do it. Do it with style and remember #5.

7. Write the note. Don’t ask. Just do it. And make every effort to fill in as much as possible. Then let us make corrections. Your efforts are not in vain!