Orientation to the Family Medicine Resident - Obstetrics Rotation

CREIGHTON UNIVERSITY
Orientation

- Welcome to the obstetrics rotation
- We have developed this to help with the transition and expectations of the family medicine residents while on service
OB/GYN Residency Program

- 16 residents—4 per year

- Each of the PGY 4’s is a “chief” resident. Each is a chief of his/her service
  - OB
  - GYN
  - GYN-Oncology
  - VAMC
The OB Team

- BMMC
  - Chief resident: this person will rotate every 3 months
  - OB Junior (PGY 1 or 2): rotates every month
  - Bergan (PGY 1 and/or 2; 2 residents): rotates every month
  - NIGHT: PGY 1, 2, & 3 rotates every month
- Medical Students
  - All at Bergan;
  - M3s: 3 weeks OB and 3 weeks GYN
  - M4s: MFM/High Risk OB/Ultrasound/Boot Camp rotations
New Changes to FM OB rotation

1st month: Days at Bergan

REQUIRED conferences (at Bergan Location):

- Wednesday AM: either OBGYN resident didactics or M3 Lecture series.

- Shadow the OB chief in his/her continuity clinic
  - Friday AM at 9:00

- YOUR Family Medicine continuity clinic
  - Likely on Monday AM or PM

- NO Vacations during this month
New Changes to FM OB rotation

- 2\textsuperscript{nd} Month: BMMC Nights
  - UOB (University OB) service only
  - Sunday-Wednesday nights (7p-8a)
  - Friday-Family Med Continuity Clinic and Family Med Didactics

- REQUIRED conferences:
  - Wednesday AM: OB/GYN Grand Rounds
Daily Routine

- **BMMC**
  - Morning checkout starts at 6 am on L & D
  - Immediately following, the team rounds on all of our patients
  - Morning rounds with attending start at 7:15 am
  - Afternoon checkout at 5 pm
  - Day team does not leave until all loose ends tied up for the night team
Objectives and other resources

- Go to Creighton OBGYN Residency Website
  - Medschool.creighton.edu
  - Follow prompts to our website
  - Click on “Family Medicine OB Rotation”
    - Powerpoints on: OB Triage, Fetal Monitoring
    - Sample Dictations & Notes
    - ACOG Teaching Modules
How Does L&D Work

- Patients will arrive with different complaints
  - For example:
    - Leakage of fluid
    - Uterine contractions
    - Headache
    - Vaginal bleeding
    - Trauma
    - Etc
  - You will be expected to evaluate these patients and discuss with OB second year (CUMC) or OB chief (Bergan)
Who To Evaluate

- Not all patients arriving to L & D will be seen by the UOB team

- Patients YOU will see:
  - UOB = University OB
    - Creighton resident continuity clinics
    - One World Community Health Center (OWCHC)
      - Resident patients from One World
      - When at Bergan, make sure the One World patients are not Midwife patients, we only see them if consulted
  - Charles Drew: prenatal care from Dr. Glowacki
  - “UOB Bergan”: high risk OB resident clinic
Who NOT to Evaluate

- Patients you will not see unless directed to do so by the OB chief or OB attending
  - Family Medicine patients
  - Private patients
  - OWCHC midwife service patients (at Bergan)
- Depending on the patient, the OB chief or CUMC attending may or may not have you evaluate the patient
- If you are not the one to evaluate the patient, we encourage you to still be involved and learn from that patient
Examining Patients

- Cervical exams:
  - Always have either an OB resident or nurse check after you
- Sterile speculum exams:
  - Always have an OB resident with you
- Ultrasounds
  - This is not part of the training during this rotation. IF you want to do an ultrasound, always have a senior OB resident with you
  - REMEMBER...if you are uncomfortable, always ask your senior OB resident or attending to assist
Laboring Patients

- We realize you want and need numbers for experience. Please remember our first year OB residents and medical students also need this. The OB Chief or attending will do his/her best to get everyone numbers in the most fair way possible.

- If you are following a laboring patient, try not to leave the floor for any length of time otherwise you may miss something.

- Stay involved with the nursing care of these patients. Our NURSES are extremely knowledgeable and a rich source of education!!!!
Laboring Patients

- When a patient is laboring, these are a few things to always know:
  - Their entire history
    - Particularly, complications with this and prior pregnancies
    - Prenatal labs: especially blood type and GBS status
    - Estimated fetal weight (your clinical estimate)
    - Clinical pelvimetry
    - Time and findings of most recent cervical exam
    - Fetal heart tone status
    - Contraction pattern
Laboring Patients

- A resident is expected to have a history and physical written in the patient’s chart. The chief/OB resident/CUMC attending will explain the pertinent information that needs to be included in the H& P.
  - BE VERY CAREFUL WITH TEMPLATES
  - Make sure your information that is blowing into the templates is accurate!!!
- Each patient must have their consent for treatment signed by a resident physician
- After delivery, you must
  - Do the delivery note: you will be required to type out or dictate using Dragon, the delivery note. This is part of your education. Do not use templates!!
  - Examples of delivery notes can be found at http://medschool.creighton.edu
  - Do postpartum transfer orders
Rounding

- Each morning, we see all of the patients we have delivered or were consulted on.
- There is an EPIC resident specific postpartum note.
- You will be asked to present each patient you evaluated to the attending unless a medical student also evaluated the same patient.
Discharging Patients

If you evaluated a patient on rounds who is being discharged, you are responsible for the discharge paperwork in EPIC.

Generally, we send most patients home with the same prescriptions and follow up:

- Post vaginal delivery:
  - **Medications**
    - Percocet 5/325, 1-2 po every 4 hr, #20, no refills
    - Motrin 800mg po every 8 hr, #40, 2 refills
    - Colace 100mg po BID prn constipation, #60, 2 refills
    - Follow up 6 weeks PP check for SVD
Discharging Patients

- Post cesarean delivery
  - Always have an OB resident see these patients with you or after you for incision check
    - Medications
      - Percocet 5/325, 1-2 po every 4 hr, #30, no refills
      - Motrin 800mg po every 8 hr, #40, 2 refills
      - Colace 100mg po BID prn constipation, #60, 2 refills
      - Follow up 1 week for incision check, 6 weeks PP check
  - Obviously, there will be patients that will require different medications.
  - Breast pump prescription printed out

- Sample discharge summaries
  - http://medschool.creighton.edu
EPIC documentation tips

- For an H&P use a template, but erase the HPI and free text in (or Dragon dictate) the HPI info. Be sure ALL parts of the OB history, PMH, social hx, fam hx, etc are filled in so that the info blows into the note appropriately.
- Check to be sure Prenatal labs are inputted as well, if not, free text them into your note.
- Have the OB resident review your H&Ps on your first week of rotation.
- An "op note," for a vaginal delivery is titled "delivery summary," there is a template, but erase the procedure and free text or Dragon dictate the information.
- Have the OB resident review your delivery summaries for the first few weeks.
- Whenever you go into a room, be sure to document in the chart what was discussed and current assessment and plan for the patient.
Checkouts/Handoffs

- E-handoff
  - The OB chief/OB resident will inform you of how this works for our service
Call Schedule

- You will do two weekend calls each month
  - Both weekends will be 2 day shifts on Saturday & Sunday (6a-7p)
- These shifts will be determined on day 1 of your rotation in case you already have weekend commitments
- Shifts will be listed in QGenda and e-mailed as a reminder to you and your program coordinator
- Vacation requirements: no vacation during the 1st month

If you plan to take vacation, you MUST email Amy Guziec your request in July. We cannot guarantee you will be able to take the time off.
Study Materials

- The majority of your learning will be based on self study

- Recommended texts:
  - William’s Obstetrics
    - This can be found on the Creighton Health Science Library website
    - Obstetrics by Gabbe
  - PowerPoint lectures will be posted to our website for your convenience to review for basic OB topics
  - Teaching by the OB residents/CUMC attending on a patient-by-patient basis will be done on the floor as time and situations permit