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

- The OB/GYN program has 16 residents – 4 per year
- Each of the 4th year residents is a “chief” resident. Each is a chief of his/her service:
  - OB
  - GYN
  - GYN–Oncology
  - VA/Utility
The OB Team

- Chief resident
  - This person will rotate every 3 months
- OB junior resident (either 1st or 2nd year)
  - This person will rotate each month
- Family medicine resident (either 1 or 2 per month)
- Medical students
  - Occasionally 4th year students
  - Always 3rd year students
- Night float
  - Third year OB resident
  - +/- First year OB resident depending on the month/day
Daily Routine

- Morning checkout starts at 6:00AM on L&D
- Immediately following, the team rounds on all of our patients
- Morning rounds with the attending start at 7:00AM
- The remainder of the day is left for managing and triaging patients on L&D and self study
- Afternoon checkout starts at 4:30PM on L&D
- If you are on “short call” you stay until 7:00PM when the junior night float arrives, otherwise you are done after checkout
Weekly Routine

Throughout the week, the OB residents will have clinics they must attend:
- Complicated OB (Comp OB)
  - Monday and Thursday mornings
- Continuity clinics
  - OB Chief – Friday mornings
  - OB Junior – Tuesday afternoons

The family medicine residents will not have their own OB clinic, but will follow a chief resident’s clinic as directed during the rotation.
Objectives

- These can be found directly from the family medicine department resident handbook:

- Please read through this prior to starting and use it as a guide for your studying!!
How Does L&D Work?

- Patients will arrive with different complaints
  - For example:
    - Rule out labor
    - Rule out rupture of membranes
    - Headache
    - Vaginal bleeding
    - Trauma
    - Etc…

- Each of our patients is evaluated by a junior resident and then discussed with the senior OB resident followed by the attending
Who To Evaluate

- Not all patients arriving to L&D will be seen by the OB team
- Patients we see:
  - UOB = University OB
    - These are patients with prenatal care at Creighton clinic or those who are seen by a physician who does not have privileges at Creighton
  - OWCHC = One World Community Health Center
    - These are resident patients from One World
  - COB = Complicated OB or MFM = Maternal Fetal Medicine
    - These are resident patients from the high risk clinic
  - Private patients of Creighton attendings
- Patients we do not see unless consulted:
  - FP = Family Practice
  - CNM = Certified Nurse Midwife at One World
Comp OB or MFM Patients

- These are patients from the high risk OB clinic
- Depending on the patient, the chief 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 these, always have a senior OB resident with you

- **Remember ... if you are uncomfortable, always ask your senior OB resident to assist**
We realize you want and need numbers for experience. Please remember our first year OB residents also need this. The chief resident 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 do a majority of the work that you should also experience.
When a patient is laboring, these are a few things to always know:

- Their entire history
  - Particularly complications in this and prior pregnancies
- Prenatal labs – especially blood type and GBS status
- Estimated fetal weight
- Clinical pelvimetry
- Most recent cervical exam findings and when it was
- Fetal heart tone status
- Contraction pattern
Laboring Patients

- A resident is expected to have a history and physical written on the patient’s chart – this can be either the H&P form or a written H&P if the medical student filled out the form
- Each patient must have their consent for treatment signed by a resident physician
- After a delivery, you must:
  - Fill out the post-procedure note
  - Fill out transfer orders
  - Dictate the procedure
    - Sample dictations can be found at: [http://medschool.creighton.edu/medicine/departments/obgyn/residencyprogram/sampledictationsnotes/index.php](http://medschool.creighton.edu/medicine/departments/obgyn/residencyprogram/sampledictationsnotes/index.php)
Rounding

- Each morning, we see all of the patients that we performed their delivery or are consulted on.
- We have a preferred way to write our SOAP notes and ask that you adopt that format while on this rotation. Examples are on our website at:
- You will be asked to present each patient you evaluate to the attending unless a medical student also evaluated that same patient.
Discharging Patients

- If you evaluated a patient on rounds who is being discharged, you are responsible for the paperwork and dictation for that discharge.
- Generally, we send most patients home with the same prescriptions and follow up:
  - Post vaginal delivery:
    - Medications:
      - Tylenol #3, 1–2 po Q4hrs, #30, no refills
      - Motrin 800mg po Q8hrs, #40 and Colace 100mg po BID prn constipation, #60
      - Follow up 6 weeks for PP check
  - Post cesarean delivery:
    - Medications:
      - Percocet 5/325, 1–2 po Q4hrs, #40, no refills
      - Motrin 800mg po Q8hrs, #40 and Colace 100mg po BID prn constipation, #60
      - Follow up 1 week for incision check and 6 weeks for PP check
  - Obviously, there will be patients requiring different medications or follow up depending on their individual complications.

- Sample dictations for our discharge summaries are found at:
Checkouts

- We have two papers for checkout:
  - L&D Checkout
    - You are welcome to fill this out once you are comfortable with the service
  - Postpartum Checkout
    - The junior residents are always expected to complete this, so communicate with the others to determine who is doing this each afternoon.
    - Print out a census for 4500 and fill it in with important details. You will see examples of this before you are expected to do it yourself.
    - Please have it done by 4:30PM, not “in progress”
Call Schedule

- Short call
  - You stay from 4:30PM until 7:00PM with the night float

- Weekend call
  - Day schedule: 6:00AM to 7:00PM
  - Night schedule: 7:00PM until the end of rounds the next morning

- If you get a call on the weekend from the ER, do not go evaluate that person without your senior resident. These are generally GYN patients. The ER staff do not know the difference between the OB junior resident and the family medicine resident on the obstetrics rotation.
We post schedules on amion.com one month early. To see the schedule go to:
- Amion.com
- You can request the login from the OB chief or our resident coordinator (Tara Latschar)

If you plan to take vacation during your two month rotation, you MUST request this ahead of time. We cannot guarantee you will be able to take the time off.
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 website for your convenience to review for basic OB topics

Teaching by the OB residents on a patient–by–patient basis will be done on the floor as time and situations permit
Knowledge Assessment

- You will complete a 30 question quiz at the end of your rotation to assess your knowledge of the basics of obstetrics

- The questions for this assessment are derived from the objectives listed in your resident handbook