

Orientation : Obstetrics & Gynecology at St. Joseph's Hospital

Welcome!

We encourage all house staff including both clerks and PGY 1's to be involved with all patients in both labour and delivery and the gynecology service.

Logistics

Hand over: All house staff are to meet in the OB lounge in the Labour and Delivery area by 0730h (0700h on Thursdays and Grand Rounds) so that prompt hand-over can occur at 7:30 sharp. This ensures that those residents going to the OR can meet their commitments. Handover at the end of the day will occur at the same location at 1700h. House staff on the Gynecology rotation are expected to start rounds at 0700h with the chief resident.

Handover on weekends and holidays is 0800h.

Leaving post-call or for half-days:

Before you leave in the morning or for half days, it is your responsibility to hand over patients in L&D or any other patients that require attention. You **must** inform the individual assuming care for that person, what the plan of care is to be and who that person should contact regarding the patient's care i.e. the most responsible physician. It is expected that when handing patients over in L&D, that the oncoming house staff who is to assume further care, will introduced themselves the patient following handover. This ensures that continuity of care will be maximized and patients will not feel as though they are being abandoned during a very important time in their lives.

Call

If for some reason you are going to be late for call, please contact the resident that you will be working with to let them know and give them some indication of when you will be here. This is primarily an issue for family practice residents when they are at their clinics. Hopefully you will speak to the individuals booking your clinics and inform them of when you are on call.

Educational Rounds

Educational rounds will occur each morning. Below is a framework that we will try to work around and hopefully we will all learn something during your rotation.

Monday (OB) and Tuesday (Gyn): 0800 Issues in obstetrics & gynecology. Clerks & Interns will select an ob/gyn patient or topic to present. The presenter facilitates discussion around the topic. Suggested topics are in the Lounge. Please sign up in the Lounge & indicate your date & topic. Each housestaff is expected to present at least one topic of their choice per month. If preparing a handout, please keep it to a minimum. The Chiefs can make copies for you if you give it to them in advance.

Wednesday:

0745h Grand Rounds are usually scheduled every 1st Wednesday of the month & alternate between McMaster and SJH. SJH Staff Rounds occur every 3rd Wednesday. If Grand Rounds are at St. Joseph's Hospital Handover is to occur at **0700**. If Grand Rounds are at McMaster, handover is **0900** and the Tuesday night on call staff is expected to cover the patients until **0900**. Everyone else is expected to attend.

0800 If there are no regional/formal rounds are scheduled, house staff will present an OB/Gyn topic (see Monday and Tuesday).

Thursday: 0700 Landmark papers/Guidelines/ Effective Care in Pregnancy and Childbirth/Medical Complications in Pregnancy. House staff will present. Copies of these will be made available in the days before the rounds. The first Thursday of the month is the Family Medicine Obstetric Rounds (usual start is 0800). All house staff are welcome to these rounds.

Friday: 0800h Perinatal Rounds. Interns (2 per presentation) are expected to prepare a relevant Ob/Gyn topic of choice with consideration given to evidence-based practice. See the chiefs for further guidance with respect to topics.

Responsibilities

The Ob/Gyn Ward is 3 OBS. No one should leave post call until all rounds have been completed or you have negotiated something with your colleagues prior to rounds. This includes weekends. If the outgoing staff has completed rounds on the weekend, it is expected that the same courtesy be done for the next crew coming on. Initial the ward list to indicate that the patient has been seen.

House staff should try to follow all patients that they have delivered. After that, the patients should be divided up amongst the house staff (clerks and interns). Patients should be seen daily and a brief note written in the chart regardless of whether they have been seen by a staff person.

Who should be seen on rounds?

All patients from Ob/Gyn should be seen daily. House staff are not responsible for seeing Family Practice/Physician patients unless the OB service has been consulted during their care (i.e. C/S). This holds true for midwifery patients as well.

If there are more than two PGY 1's in house, then there should be a heavier weight (i.e. 2 residents in OB and 1 in GYNE) placed on L&D. If there is only one PGY 1 in house, this intern should be placed on L&D.

In general, PGY 1's should expect to do four weeks of Obstetrics and four weeks of Gynecology in total. The organization of these four weeks will be decided at the start of the rotation with consideration with respect to holidays and staff issues.

Priority is in Labour and Delivery. Following handover, before teaching sessions, house staff should report to labour and delivery to be assigned to and to meet their patients (including new patients for induction and caesarean sections). Introduce yourself to the patient and to her nurse.

WHOEVER IS COVERING L&D DURING THE DAY SHOULD PUT THEIR NAMES AND PAGER NUMBERS ON THE SIGN UP BOARD IN L&D AND ASSESSMENT. WHEN HANDOVER OCCURS, THE EVENING CREW SHOULD UPDATE THE BOARDS.

Labour & Delivery

There are two areas in L&D. Triage (for patient assessment) and the Labour Ward for admitted actively labouring patients or those requiring close observation.

Seeing a patient in Triage.

Interns and Clerks are first call to triage for low risk patients. The two common issues you will be called for:

1. Is this patient in labour?
2. Has this patient's membranes ruptured? *******DO NOT DO ANY DIGITAL EXAM IF YOU SUSPECT RUPTURE OF MEMBRANES (unless patient is in ACTIVE labour). If in doubt, ALWAYS CHECK WITH THE RESIDENT OR STAFF BEFORE YOU DO THIS. ******* Any patient with a question of ROM needs a sterile speculum exam. A slide should be made for ferning and the fluid tested on nitrazine paper. **(Please dispose of your slides in the sharps bin and turn off the microscope after use).**

3. Antibiotics should be given to any patient with a positive swab for Group B Strep. Antibiotics include: Ampicillin 2gIV then 1gIV q4h OR Clindamycin 600mgIV q8h (if Pen allergic)
4. Patients who are to be sent home from Triage who are seen by a clinical clerk must be **DOUBLE CHECKED** by an MD (intern, resident, staff) prior to leaving hospital.

Other Key Survival Hints!

1. A house staff that asks for help when unsure or inexperienced is regarded as wise and is respected.
2. ALWAYS clean up after a delivery. Nurses appreciate this, as they are very busy caring for mother and baby after the delivery. Count all sharps and instruments and dispose of sharps into the sharps container. Count all sponges before using any and count them after to ensure that all are present.
3. Hang out in L&D. Be visible. Out of sight is out of mind. When things get busy or an acutely ill patient arrives, you might lose out on a great learning opportunity. If low-risk Ob is quiet, seek out the resident; he or she is rarely bored.
4. Participate in the OR, so that you are familiar with the most common gynecological procedures. You should develop good assisting skills as you may be expected to do this for patients in your own practice in the near future. You may even find it interesting & a good supplementation to anatomy and pathology.
5. Introduce yourselves to the nurses so they get to know you and tell them who you are (CC vs PGY1).
6. **THE MOST RESPONSIBLE PHYSICIAN SHOULD BE NOTIFIED OF A PATIENT'S CONDITION AS SOON AS LOGISTICALLY POSSIBLE.**

Obstetrics and Gynecology is a fun rotation. You will be involved in one of the most intimate, sensitive, & memorable experiences with your patients & their families. Please respect & enjoy. Our involvement can be rewarding both for our patients & ourselves. Don't underestimate your influence & presence.

These guidelines are by no means complete. If you find tidbits or pearls that would add to this package for future house staff, please let us know.

Once a month, we'll organize a pot luck breakfast to which all house staff will be invited to participate.

Thanks and we look forward to working with you.

OB/Gyn Chief Resident