

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
2018-2019 Obstetrics Clinical Clerkship**

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**PLEASE READ THIS NOTEBOOK CAREFULLY AND
REFER TO IT FOR QUESTIONS**

Greetings from the Department of [Obstetrics and Gynecology](#) in Jacksonville!

Here are some specifics about the first day that will be useful to you:

You are to report to Liane Hannah immediately upon arrival to pick up your welcome packet which will include your parking card, dorm keys, meal card, etc. Please refer to Karen's email for reporting instructions.

After checking in with Liane you are to report to the 3rd floor of the Learning Resource Center Department of Obstetrics and Gynecology.

All students are to attend orientation in Gainesville the first day of the clerkship. The OB&GYN groups starting with the first three weeks in Jacksonville will be let out of orientation by 12:00noon in time to be in Jacksonville, complete the above, and present to the Department of OB/GYN conference room (3rd Floor LRC) by 3:00pm. The OB&GYN groups coming to Jacksonville the second three weeks should arrive in time to complete the above, and present to the conference room by 12:30pm the first day of their rotation here.

Please feel free to contact [Karen Barquero \(904\) 244-3127](#), or me if there are any problems.

We look forward to working with you!

Sincerely,

Erin Burnett, M.D.
Clerkship Director
Clinical Clerkship Jacksonville

EB/kb

WELCOME TO YOUR CLINICAL CLERKSHIP IN OBSTETRICS AND GYNECOLOGY AT JACKSONVILLE

We are pleased that you will be spending three weeks of your Obstetrics or Gynecology Clerkship with us in Jacksonville. During orientation in Gainesville, you should have received a copy of your *responsibilities, objectives and evaluation guidelines* for the Jacksonville service. Please read through this material carefully. You will be given the opportunity to review this information and ask questions during a brief orientation with the OB/Gyn Medical Student Coordinator, on the first day of your rotation. After checking in with Liane Hannah, please report to the OB/GYN Student Coordinator no later than 12:30 p.m. (2nd group of rotation) or 3:00pm (1st group of rotation) on the 3rd floor of the Learning Resource Center (LRC) in the Department of Obstetrics and Gynecology.

During your rotation in Jacksonville you will have access to the Borland Library on the 2nd floor, which has a wide variety of books and journals you may obtain on loan, as well as electronic resources.

Check-in for dorm rooms will be on the first day of your rotation in Jacksonville (usually a Monday) with the Liane Hannah at (904) 244-8233.

You should understand that medical students are integral part of our department, and we are committed to provide a conducive learning environment for you.

If you have any questions prior to your arrival, please do not hesitate to contact the OB/Gyn Coordinator or me at (904) 244-3127. I think you will enjoy your time spent on the Jacksonville Ob/Gyn Service, and we are looking forward to working with you.

Sincerely,

Erin Burnett, M.D.
Clerkship Director - Jacksonville

EB/kb

Dear Medical Student,

- Attendance at the Resident Conferences is **MANDATORY**, as is attendance at **ROUNDS** and **CBCs**, unless you are post call, are scrubbed in a surgical case, or doing a delivery.
- Of course, you know you must attend your **CBCs well prepared to participate**. These are not lectures. Come prepared to show what you know. In other words, you are expected to have researched each topic **BEFORE** the discussion. Remember, this may be the only exposure some faculty will have to your performance, so it is important that your preparation is complete. If you are post-call you are exempt from attending.
- Please ensure you know where you are to be the next morning and at what time before you leave in the evening. The residents are **NOT** required to keep their pagers with them at night and therefore if you try and contact them after normal working hours including Sundays, they may **NOT** answer.
- Make sure to ask the expectations of the residents on your first day with them, every resident is different. Most will assign you patients to see on the floor, if applicable, and expect you to be proactive about picking ups patients in clinic and triage.
- When working on L&D, there are often other learners, another MS3, MS4, PAs, EM residents, etc, so **PLEASE** divide up the Labor board as even as possible and do not step on others toes. **OR** cases should have one student scrubbed and another can watch without scrubbing if desired. Please try and think of the patients in these situations.
- If you get lost, have questions, etc., you can reach me at x43127 from 8:00 am until 4:00 pm Mon. - Fri. If I don't have an answer for your questions, I can find someone who does.

???SINCE YOU ASKED???

MAY I USE THE DEPARTMENT COPIER?

While at Jacksonville, you are free to use department facilities just as the residents do, for educational pursuits. Please do not abuse this privilege, so that others will have the same freedom.

WHAT ABOUT UNASSIGNED TIME?

There are several possibilities to pursue if you have time, which is not otherwise assigned. These include:

- 1) OB ultrasound available on the 3rd floor of the ACC Building.
- 2) Labor and Delivery Triage, to learn evaluation of acute complications of pregnancy.
- 3) Fetal testing on 3rd floor of ACC Building – including NST's, BPPs, AFI assessments.
- 4) Borland Library located on 2nd floor of LRC Building.

Talk to your precepting resident as well. They can sometimes guide you to a fabulous once-in-a-lifetime opportunity or give you an impromptu talk on a subject of mutual interest.

ATTENDANCE POLICY and REPORTING of ABSENCES:

In the third and fourth year clinical clerkships and electives, daily attendance is required for all aspects of the clinical rotations. During clinical rotations, typical “holidays” are not taken unless specifically mentioned by the clerkship (Christmas and Thanksgiving are exempt from this rule). If you are absent, you must notify those faculty members who supervise your clinical experiences and the clerkship coordinator.

1) Unexpected absences.

Students must notify the OB/Gyn clerkship coordinator in Jacksonville @ 244-3127. If a student is unable to contact the clerkship coordinator, they should notify the staff in the Office of Medical Education (COMCEC). If the absence is of greater duration than a single day, the staff in COMCEC (352-273-8575) must be notified in addition to the course director or supervising attending and clerkship coordinator. If the absence occurs while in Jacksonville on a clinical rotation, the Office of Educational Affairs (904-244-5128) in Jacksonville must be notified in addition to COMCEC.

2) Planned absences. In the case of planned absences to attend meetings, events such as weddings or observation of a personal religious holiday students must contact the clerkship director as far in advance as possible (these requests **must** be made at least **4 weeks** prior to the beginning of the clerkship) to discuss and obtain the permission of the clerkship director to be absent from assigned responsibilities. If the student is in Jacksonville at the time of the planned absence this request must also be sent to the Jacksonville clerkship director, Erin Burnett, M.D. or Clerkship Coordinator. Once permission is obtained for the planned absence, the student must notify COMCEC of the approved dates for the absence.

3) Students will be asked to make up the time missed in order to ensure that they have an adequate clinical experience. This may recall extra call or weekend clinical experiences. Failure to adhere to these policies will be reflected in the professionalism competency.

Illness/Emergency:

If you are ill or have an emergency that might require you to be late or absent, you **MUST** inform Karen Barquero, x43127 **ASAP**. If you are out sick for more than one day you are required to obtain a doctor's note excusing you from your clerkship duties.

**University of Florida Community Health Center (UF CHC).
4th Floor, Alexander Ambulatory Care Center (ACC Building)
655 W. 8th Street, Jacksonville, FL 32209**

Medical Student Acute/Urgent Care Protocol:

Urgent care clinical services will be provided at the UF CHC, which is located in the ACC building, 4th floor. Prior to presenting for care, please contact the office to arrange for a time to be seen. You will be given an appointment with one of several providers and every effort will be made for you to be seen the same day you call. However, depending on provider availability and clinic patient volume, a next working-day appointment may be necessary for late-day contact.

For your convenience we offer a streamlined appointment system manned by our registered nurses. To schedule an appointment, a direct *call to one of our clinic nurses at either (904) 244-5673 or (904) 244-2573* is all that is necessary. In the event both of these are busy, we suggest you wait 10-15 minutes and call again. If still busy, or if you do not wish to wait, call our main appointment line at (904) 244-5121 and press 1. In either case it is **IMPORTANT** that you identify yourself as a UF medical student needing Acute/Urgent Care.

Clinic hours of operation are Monday through Thursday 8am-5pm, and Friday 8am-3:30pm. We are closed for all UF holidays.

Your health insurance company will be billed for the visit, including any ancillary services such as laboratory tests, X-rays, or specialty consult. You will not have any out of pocket expense.

STUDENT RESPONSIBILITIES ON THE OBSTETRICS SERVICE

ON-CALL: By assignment: L&D Monday – Thursday: 6:00pm – after 7:00am morning rounds. (Friday mornings, therefore affects Thurs night call, board rounds are at 8am.) Friday 6:00pm-7:00am. Saturday & Sunday 7:00am to 7:00am the next morning.

Objective: To learn how to manage laboring patients and perform deliveries
To learn the difference between normal and abnormal labor
To learn the techniques and methods of intrapartum fetal surveillance

Preparation: Sim lab orientation. The greater your knowledge of labor and delivery and the more skilled at suturing & knot tying the more you will do and the more you will learn. You should at least read the Intrapartum Care chapter in your text before your labor and delivery day and/or before your first call night.

Participation: One student is on-call in L&D starting at the times listed above until the next morning. Change into scrubs as soon as you arrive. You are to report to the fourth year resident “running the board” and should always let them know where you are and if you are leaving the unit. Put your full name and phone number on the small board to the right of “THE BOARD” in L&D so you can be located at all times. While on L&D you are expected to follow your patients, assist the residents in constructing an electronic note for your patients at the appropriate time intervals and be available for deliveries. If there is something educationally beneficial occurring during that time you may have the residents call you if you desire. The day after call you are off. Feel free to join on consults in the ED or watch circumcisions IF Labor & Delivery is quiet.

Evaluation: Residents, faculty, and nursing staff will evaluate you routinely on the applicable competencies.

LABOR AND DELIVERY SERVICE:

Objective: To learn the difference between normal and abnormal labor
To learn the techniques and methods of intrapartum fetal surveillance
To learn how to manage laboring patients and do deliveries

Preparation: The appropriate chapters in your text

Participation: One or two students are assigned to the Labor and Delivery Service. You should arrive at 6:45am, change into scrubs and meet the senior resident for Board Rounds at 7:00am or arrive at 5:45pm change into scrubs and meet the senior for Boards at 6:00pm. You will be assigned a laboring patient to follow, manage and hopefully deliver. You are expected to get to know your patient, write labor notes, do exams, etc. The senior resident will direct you. As stated above, please divide patients even amongst all learners.

Evaluation: Residents and faculty will evaluate the applicable competencies.

TRIAGE SERVICE:

Objective: To learn how to diagnose and treat common complaints and complications of pregnancy
To gain experience on focused History and Physicals
To determine the difference between emergent and non-emergent OB problems

Preparation: “The Medical and Surgical Conditions of Pregnancy” chapter in your text

Participation: You should arrive at 7:00am or 6:00pm and will help the first or second year resident in triage. You will evaluate patients and determine a treatment plan with the resident.

Evaluation: Residents and faculty will evaluate the applicable competencies.

ANTEPARTUM/POSTPARTUM SERVICE: (Inpatient Service)

Objective: To learn the in-patient management of antepartum obstetrical problems.

Preparation: You should read Complications of Pregnancy in your text book. You are expected to know the patients assigned to you and be ready to give your resident a short presentation to the PGY1 or 3 on your patient (s) at pre-rounds each morning. The resident can help you formulate your thoughts and be prepared for rounds with the attending. Rounds with the attending should NOT be the first time you speak with the resident about your patient (s) (Monday through Friday) Morning pre-rounds may begin at different times depending on the patient census so ask the residents the day before.

Participation: At rounds you are expected to know the patients assigned to you as you will present your patients and your plan to the attending. You should participate in the discussions and ask questions to increase your knowledge.

Evaluation: Residents and faculty will evaluate you based on the applicable competencies.

BOARD ROUNDS: (Call, L&D and Triage services)

Objective:

1. To acquaint the team with the patients in L&D.
2. To use patient cases to discuss common problems in antepartum and intrapartum women.

Preparation: Text Book Chapter: Abnormal Labor

Participation: Discussion is usually at the first and second year level which is very appropriate for you. Some material may be over your head so don't hesitate to ask questions. Board Rounds start at 7:00am every day except on Fridays they start at 8:00am.

Evaluation: None.

PRENATAL DIAGNOSIS PROCEDURES:

Objective: To observe ultrasound, NSTs and amniocentesis, genetic counseling for prenatal diagnosis.

Preparation: Read about this topic.

Participation: As this is an exciting, rapidly expanding, very public topic it is something you are expected to observe at least once during your three weeks. You will be specifically assigned to prenatal diagnosis on Wednesday afternoon during your AP/PP service (please see schedule). You may also get a chance to shadow our genetic counselor, Cindy Ginn, MSN, CNM at one of our private office locations (details below) on Wednesday afternoons after morning lectures. Please call Cindy's number below in advance to make sure there is a Genetics clinic before heading over to Emerson. Clinic normally starts at 2:00pm.

Evaluation: None.

Location:

Cindy Ginn, MSN, CNM
UF Southside Women's Health Specialist
4549 Emerson Expressway, Suite 201
Jacksonville, FL 32207
633-0119 cell: 309-3417 pager 306-4309

CLINIC:

Objective: To learn routine prenatal care and the out-patient management of antepartum obstetrical problems.

Preparation: Review the Antepartum Care chapter in your text.

Participation: You will attend clinic with your resident. Initially you will go in together to see patients, but as your skills improve, you will go in alone and then come out and present the patient.

Evaluation: Residents and faculty will evaluate the applicable competencies.

RESIDENT CONFERENCES: (Wednesday 8:00am-12:00pm)

Objective: Increase your knowledge of topics in OB/GYN and Primary Care. Although this lecture series is primarily for the residents you will also find it educational.

Preparation: Read the corresponding book chapters.

Participation: You may ask questions to clarify and increase your knowledge.

Evaluation: You are not evaluated.

NOTE: All students are expected to leave their designated work areas to attend:

Resident Conferences (Wednesday)	8:00am-12:00pm 3-E Conf. room
CBC's (M-F)	Varies – see schedule
GYN Tumor Board (Wednesday)	12:30pm on the 3 rd Wednesday of each month in the 3-E Conf. room

NURSE SHADOWING: (By assignment: L&D)

Objective:

1. To acquaint you with the duties of a Labor & Delivery nurse.
2. To improve student nurse interaction.

Preparation: None

Participation: You will shadow a nurse for 4 hours. You are to give the nurse your evaluation form to complete and return it to you before you leave. You are responsible for hand delivering your evaluation form back to Heather in Gainesville.

Change into scrubs as soon as you arrive and report by **7:00 am to the charge nurse in L&D and she will assign you to a nurse to shadow.** You are excused from ward rounds and any other duties that day except CBC so let your nurse know if you have to leave. For that day you are a nurse's aide and so do not participate in any medical student activities (ex. Board rounds unless with charge nurse). Primarily you are observing, and the amount of hands-on activity will vary considerably.

Evaluation: Nurses will evaluate applicable competencies according to the form that you were given.

EVALUATION BY ARNP'S, MIDWIVES, NURSE SHADOWING, AND GENETIC COUNSELING

Student _____ Evaluator _____

Indicate the box which best describes this student's typical performance for the competencies you observed.

INTERPRET CATEGORIES BROADLY

LEAVE BLANK ANY COMPETENCIES THAT YOU DID NOT OBSERVE

1. Professional Behavior: Demonstrates respect for patients, families, and members of the health care team; is truthful and honest with colleagues; communicates an attitude of empathy and caring; places patient's well-being over self-interest (altruism) and is dedicated to patient care; shows ability to resolve conflicts between personal moral convictions and patient's choices; preserves patient confidentiality; and shows appropriate self-assessment and willingness to admit mistakes.

Cause for concern	Average	Superior	Exemplary
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2a. Data gathering: History: Demonstrates ability to perform a problem focused and/or comprehensive new and return history, and incorporate appropriate data from medical records, consultations with family members, laboratory and other diagnostic studies.

Cause for concern	Average	Superior	Exemplary
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2b. Data gathering: Physical Exam: Demonstrates ability to perform a problem focused physical exam, including a complete gentle speculum exam and bimanual pelvic exam.

Cause for concern	Average	Superior	Exemplary
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3a. Core Discipline (Knowledge base): Demonstrates knowledge of general and core discipline principles.

Cause for concern	Average	Superior	Exemplary
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5a. Human Relationships: Shows good awareness of psychosocial factors, cultural diversities and support systems and applies this knowledge to the care of patients.

Cause for concern even with guidance	Adequate with guidance	Very good skills. Some guidance needed	Excellent skills. No guidance needed
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5b. Human Communications: Effectively engages the patient and/or family in verbal communication. Effectively establishes rapport and engenders confidence.

Cause for concern even with guidance	Adequate with guidance	Very good skills. Some guidance needed	Excellent skills. No guidance needed
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6. Health Care Team: Demonstrates an understanding of the roles and competencies of other health care professionals and engages them in an organized, team approach to health care delivery.

Cause for concern	Average	Superior	Exemplary
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REQUIRED COMMENTS: Be as specific as possible, especially if you marked the far left level. Comments may expand on or relate to areas not covered by a competency above.

FEEDBACK

Formal, written feedback will be available the third week midway through your rotation on our clerkship. First you should complete the Formative Evaluation Obstetrics & Gynecology form as a self-assessment. This is the only form you should use. Then, Friday of the THIRD week of the clerkship (i.e. the last week of your first rotation) on, you will meet with Dr. Erin Burnett and Dr. Jared Roeckner to discuss the feedback we received back on you. Your performance will be evaluated by either Dr. Erin Burnett or Dr. Jared Roeckner and the form will be returned to you the same day. Be sure to get it before you leave for Gainesville. **It is your responsibility to bring the final evaluation form that is returned to you and give it to the Clerkship Administrator in Gainesville before the final debriefing for admission to the final exam.**

😊 Since formative feedback is meant to provide you with information to improve, weaknesses and deficiencies are stressed more than strengths. Don't be surprised. Formative feedback does not influence your final Summative Evaluation.

Other Ways to Get Useful Formative Feedback

1. If the Feedback You Get is Too General, Ask for More Specifics:

For example, in response to "Your progress notes should be longer." you could ask if any particular section is most in need of expansion, or ask your attending/resident to review a couple notes with you and point out other information that should have been included.

2. If a clinic is ending and you have not yet received any feedback, ask for some:

You are most likely to get useful feedback if your request is specific. In a response to a question like "How am I doing?" you are likely to get a bland, general response like "Just fine." If instead, you ask which area you should pay the most attention to improving, you are much more likely to get useful feedback. You could also ask for feedback on how you are doing in one particular area, such as obtaining the history of the chief complaint, etc.

3. Recognize the Informal Feedback You Receive:

Informal feedback is given continuously in all settings. It is your instructor's verbal comments about such things as your behavior, answers to questions, history obtained, progress notes, etc. It will rarely be labeled as feedback but should be recognized as such and you should use it to improve your performance. If you are not sure what a comment means, then you should ask for clarification.

4. Take Advantage of the Feedback that is Offered:

Be receptive and make an effort to apply the suggestions you receive. During future clinic sessions, ask how you are progressing in the areas you discussed.

5. Do Not Be Misled by Illusionary Feedback:

It is important to distinguish true formative feedback from illusionary feedback. This is the warm, fuzzy feeling you get because everyone smiles and seems to be responding positively to you. While the opposite feeling is usually a good sign that your performance is unsatisfactory, this positive feeling may have no correlation with your actual evaluation. It is NOT valid feedback. Do not rely on this as an indicator of how well you are doing.

AN EXAMPLE OF THE FORMATIVE FEEDBACK EVALUATION FORM FOLLOWS

**University of Florida College of Medicine
OBGYN Formative Feedback Form**

PLEASE ATTACH YOUR SCREENSHOT OF YOUR PATIENT LOGS TO THE BACK OF THIS

Student's Name: _____
 Date of Review: _____
 Name of Reviewer: _____

PLEASE NOTE: The purpose of mid-point feedback is to give a student an understanding as to the perceived trajectory of their progress as they engage in a clinical block. The feedback given should not be translated into an assumption of a similar final assessment by either the faculty or the student.

Mid-Point Student Review Areas	Student Self-Review		Supervisor Review		
	At or Above Expected Midpoint Performance	Needs Focused Attention	At or Above Expected Midpoint Performance	Needs Focused Attention*	Not Enough Contact to Provide a Midpoint Comments
Professionalism					
Respectfulness					
Work Ethic and Dependability					
Motivation and Excellence					
Honesty					
Patient Care					
History					
Physical					
Procedures					
Medical Knowledge					
Core Discipline					
Problem Solving					
Interpersonal and Communication					
Patient/Family					
Oral Presentation					
Systems-Based Practice					
Team Work					
Interactions w/Staff and Peers					

* Marking Needs Improvement necessitates faculty comments below

Additional Faculty Comments: (Require if needs improvement is marked)

Please list three things you have been given feedback about during the first three weeks, and comment about how you addressed the feedback you were given.

- 1.
- 2.
- 3.

Personal Program of Learning: (please list specific areas the student can work on during the remainder of block)

- 1.
- 2.
- 3.

1. Patient Logs Reviewed: Yes No

2. Deficiencies noted: Yes No

3. Items to complete before the end of the clerkship (if any):

Duty Hours: Please list the approximate average number of hours you worked each week: _____ (Note: ACGME duty hour rules, which we have adopted for medical students, say that you must: 1-work no more than 80 hours/week AVERAGED over 4 weeks, 2 – have 10 hours off between duty shifts, 2 – have one day off in 7 days AVERAGED OVER 4 weeks).

Do you believe your work schedule has been in compliance with these rules?

Yes No:

Faculty Signature/Date: _____

Student Signature/Date: _____

ORAL EXAMINATION

STRUCTURE:

The oral examination is based on briefly written cases. It will usually be administered during the last week of the clerkship. The exact time and location are subject to change. The student will prepare six written cases and must submit the case list electronically to the Clerkship Coordinator the Friday prior to the examination. You may use your case list as notes, but no other notes will be permitted. A faculty member will examine each student based on the cases presented, but may also use cases to segue into related topics. Clearly, students should be well-informed and familiar with their own cases and should have done sufficient study to have developed a sound general knowledge base.

The purpose of the oral examination is to evaluate the student's ability to present clinical knowledge in a well-organized, succinct, and cogent manner. It allows the faculty to evaluate the student's skill in developing and narrowing down a differential diagnosis. It is a way for the faculty to assess your ability to integrate your knowledge of women's health into clinical situations. It is not intended to test a student's memory of how each particular case was handled. Good presentation skills are a hallmark of a good clinician and demonstrate a high level of understanding and confidence. It is important that students learn these skills quickly. You will be called upon during postgraduate training and throughout your professional careers to present and discuss clinical data in an informed way.

PURPOSE:

1. To evaluate the ability of each student to present in an organized and clear fashion a few select cases in Obstetrics and Gynecology.
2. To evaluate the ability of each student to understand and discuss the pathophysiology, diagnostic evaluation, differential diagnosis, and treatment of a few select cases.
3. To test the reasoning skills of the student.

ORGANIZATION OF CASE LISTS:

1. Each student will prepare a brief synopsis for each of 6 cases in a specific format. Students should list cases from the patients they have evaluated and treated during the Obstetrics and Gynecology clerkship.
2. Each case list should include two obstetric cases, two gynecology cases, and two cases from the ambulatory practice, either obstetrics or gynecology. The entire case list should contain six cases.

STRUCTURE OF THE EXAMINATION:

1. Each student will have a 20 minute oral examination with a faculty member.
2. Students may bring a copy of their case list but no other notes or materials to the oral examination.
3. The faculty examiner will ask the student to make a 2-3 minute brief presentation on a case. A 7-8 minute question and answer period will follow. The question and answer period will focus on the risk factors, pathophysiology, differential diagnosis, diagnostic evaluation including laboratory tests and imaging studies, and treatment options.
4. The faculty member will then ask you to present a second case (2-3 minutes), which will be followed by a question and answer period (7-8 minutes).
5. Case lists must be kept to one page and try to limit each box to NO MORE than 2 lines.

GRADING

1. The oral examination will comprise 30% of your clerkship grade. (The other 20% is the NBME Shelf examination and 60% is your clinical performance).

OB/GYN CASE LIST FOR ORAL EXAM

NAME:

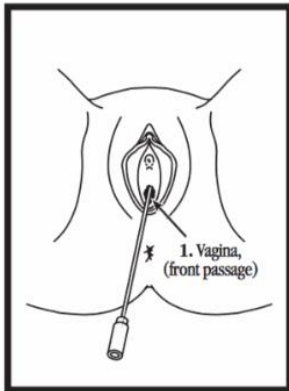
Obstetrics										
	Patient Initials	Age	G	P	Gestational Age	Presenting Complaint	Diagnostic Tests	Diagnosis	Treatment	Pathology of Operative Cases

Gynecology										
	Patient Initials	Age	G	P	Gestational Age	Presenting Complaint	Diagnostic Tests	Diagnosis	Treatment	Pathology of Operative Cases

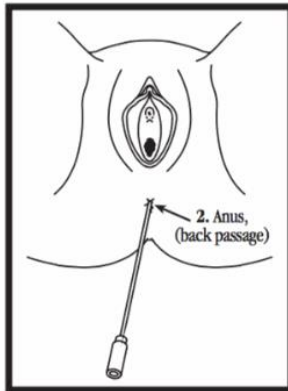
Ambulatory										
	Patient Initials	Age	G	P	Gestational Age	Presenting Complaint	Diagnostic Tests	Diagnosis	Treatment	Pathology of Operative Cases

Group B strep (GBS)

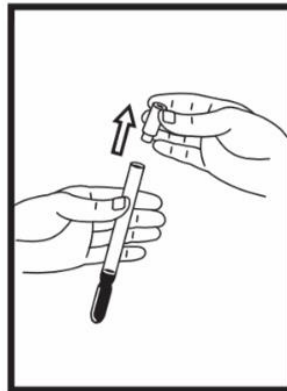
Instructions for the collection of a genital swab for the detection of a group B streptococcus (GBS)



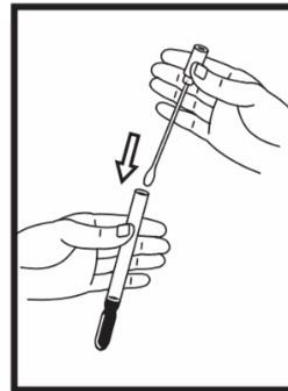
1. Remove swab from packaging. Insert swab 2cm into vagina, (front passage). Do not touch cotton end with fingers.



2. Insert the **same** swab 1cm into anus, (back passage).

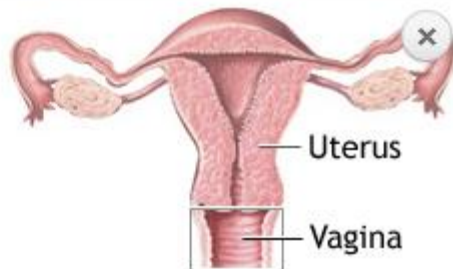


3. Remove cap from sterile tube.



4. Place swab into tube. Ensure cap fits firmly.

Wet prep



Vaginitis test (wet mount):
a sample of vaginal discharge
is taken and a slide made for
microscopic examination

ADAM.

2/4 The wet mount vaginitis test

Gonorrhoea/Chlamydia swab

How to Collect an Endocervical Sample

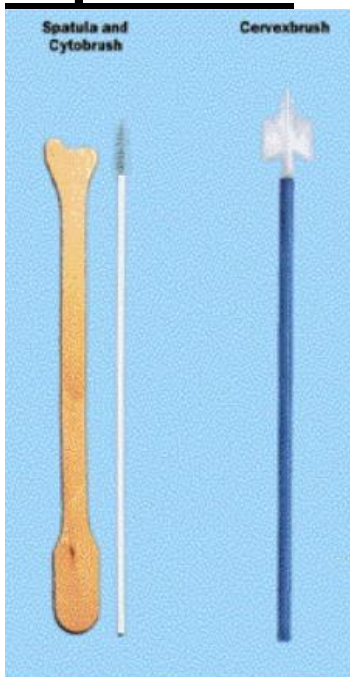
A woman's **endocervix, the area around the opening of the uterus,** is the preferred site for specimens from females. It's recommended that specimen collection should be done with a sterile swab and not a Cytobrush. Harsher brushes may cause trauma and bleeding that can corrupt the specimen.

Use two swabs: one to clean the cervix to remove excess mucus, and another to collect the sample.

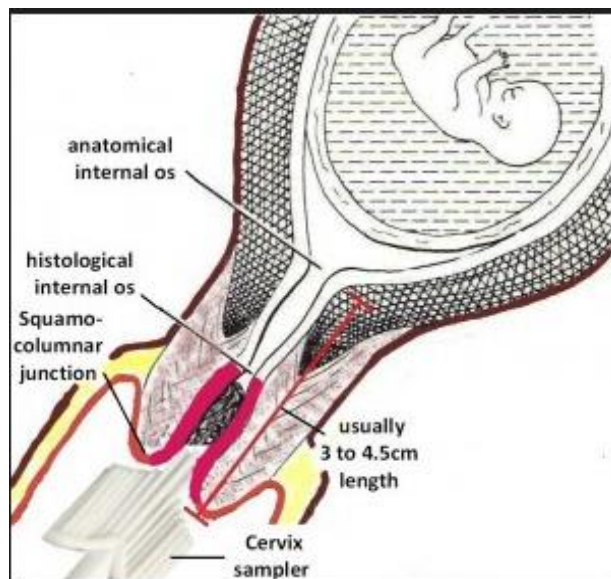
For gonorrhea testing, an ideal choice in swab includes a transport and collection system featuring Amies gel with charcoal.

1. Peel open the sterile pouch
2. Remove plug from sterile tube and discard
3. Remove swab applicator and collect specimen by rotating the swab against the wall of endocervical canal several times.
4. **Rotate the swab against the wall of the endocervical canal several times for 20-30 seconds**
5. Withdraw the swab without touching the vaginal surface
6. Insert swab into the transport tube
7. Record patient information in space provided on the label
8. Transport specimen to laboratory to be processed

Pap smears



Non- preg pregnant



CHECK-OUT POLICY AND PROCEDURES

1. STUDENTS WILL TURN IN THE FOLLOWING TO KAREN BARQUERO:
 - 1) ACCESS CARD
 - 2) HOSPITAL SCRUBS
 - 3) OB/GYN PAPER EVALUATION FORM

3. ALL OF THE ITEMS ABOVE ARE TO BE RETURNED TO THE STUDENT COORDINATOR OF THE DEPARTMENT YOU ROTATED IN AT THE END OF EACH ROTATION UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

Student Coordinator Hours are 8:00am-4:00pm M-F

****COLLEGE OF MEDICINE STUDENTS: FAILURE TO PROPERLY CHECK OUT
WILL RESULT IN GRADES AND EVALUATIONS BEING WITHHELD**