

3rd Year Obstetrics & Gynecology Clerkship: Urogynecology Rotation 2015 - 2016

Welcome to the Urogynecology Rotation!

Below we have highlighted the expectations, educational goals and responsibilities for the rotation.

In an effort to prepare you for our service, we recommend that you read the **ACOG Practice Bulletins on Pelvic Organ Prolapse (Bulletin #85 from September 2007)**, **Chronic pelvic pain (Bulletin #51 from March 2004)** and **Urinary Incontinence in Women (Bulletin #63 from June 2005)** before your first day on Urogynecology. If you have trouble finding these practice bulletins, please ask prior to starting the rotation.

Our attendings are:

Dr. Cynthia Brincat
Dr. Linda Brubaker
Dr. Colleen Fitzgerald
Dr. Elizabeth Mueller

The fellows are:

Dr. Tanaka Dune
Dr. Susanne Taege
Dr. Megan Brady

There are two residents on service, one from urology and one from OB/GYN. We work as a team and all of the above faculty, fellows, and residents will be involved in your education and evaluation.

On your Urogynecology rotation, you will be exposed to both clinical and surgical, outpatient and inpatient patient care issues pertaining to pelvic floor disorders in women.

Monday and Tuesday are our usual inpatient OR days, and Fridays are outpatient OR days. Additionally, there are clinics on Monday (7am start), Thursday (8 am start), and Friday (variable start time). Dr. Fitzgerald also participates in a multi-disciplinary pelvic pain clinic on Tuesday afternoons. We have a Wednesday afternoon Multi-disciplinary clinic that starts at 1 pm on the 2nd and 4th Wednesdays of the month. Most of the clinics are held in the outpatient center at Loyola's Medical Campus. Drs. Fitzgerald and Brincat hold a specialty post-partum clinic every other Thursday at the Burr Ridge site.

Prior to the first day of your rotation, you should page the resident on service to determine where you should be the next day. You will be assigned to the operating room, to clinic or to both. On the first day you present to clinic, you should arrive prior to the first appointment and introduce yourself to Susan Luzzi, RN, the nurse manager. The resident on service will orient you to patient flow in the Urogynecology clinic.

You will be expected to divide the OR cases evenly amongst the other students rotating with you. This typically results in one day in the OR and participation in clinic on the other days of the week.

Wednesday morning is generally reserved for teaching conferences held in the 4th floor conference room of the SSOM building. Typically you will attend your own educational conferences on Wednesday mornings.

9:00-10:00 a – Research Conference

10:00-11:00p – Urogynecology Conference (Lecture/Didactics/Journal Club)

11:00-12:00p – Case Conference (we review and prepare for next week's OR cases)

Chapter Review and other article reading will be scheduled by the Fellows. Dr. Susanne Taege is the fellow that you can contact with any questions/concerns you have about the rotation.

EXPECTATIONS WHILE ON UROGYNECOLOGY ROTATION:

OR:

- Introduce yourself to the patient when they are in the preoperative holding area.
- You should be familiar with the patient's history, preoperative labs, and the operative plan (this will be reviewed in case conference the week prior—pay attention so that you can give a proper sign-out to the group of students coming on after you).
- Check and see if your patient has any allergies—you want to know this because you might need to go to the pharmacy to get pre-op antibiotics for your patient. Verify antibiotic choice with resident/fellow before going to get it.
- Write up the patient's name, age, procedure, PMHx, PSHx, Allergies, Hgb, POP-Q scores, and the name of the attending, fellow, resident, student and observers. When you go into write on the board, introduce yourself to the scrub RN and the circ RN, ask them if they want you to grab your gloves, or tell them your size—this way they know you will need a gown too.
- Prior to the patient rolling back to the OR, you should stay with the patient and once the patient is transferred to the surgical table, you should strip the bed in the inpatient center and then roll the bed out of the room (do not strip the bed in the outpatient center).
- After induction of anesthesia, help position the patient on the OR table. Look for ways to be helpful during this time.
- After you've scrubbed in, insert the Foley (PUT THE SYRINGE FOR THE BALLOON in the PLASTIC DRAPE right under the patient—it will be used again during the procedure). The resident or fellow will help you with this procedure the first time.
- After the procedure is completed, you will help get the patient ready for transport to the PACU (take down the surgical drape, get the transport bed from the hallway, help move the patient, etc.)
- Check on your patient after she has left the PACU (postop check) to make sure she's recovering appropriately.

Morning Rounds:

- Prior to leaving each day, check with the resident to find out the time for the next morning's work rounds.
- The fellows, residents, and medical students will meet between 6 and 7 am for work rounds on postoperative patients. Learning postoperative care is an important learning objective for your Urogynecology rotation. To maximize this opportunity, we expect that medical students will arrive prior to the team and ...
 - Obtain patient vitals, including urine output
 - Find out how patient did overnight

- Be prepared to present the patient to the team

We round together as a team (students, residents, fellows). In the morning, help the residents prepare the patient list, talk to each patient's nurse about any overnight events, find out the urine output, the postop hemoglobin, and whether the patient has started the voiding trial and its results.

-Postop oral presentations are brief! You will have opportunity to practice presenting post operative patients to the fellow and the resident.

Clinic:

- On your first day, introduce yourself to the nurses and attach yourself to a specific nurse. Go with that nurse when she rooms patients. You will see how to do catheterizations of a patient and likely be able to do practice catheterization under the direction of the nurse. Then, follow that patient throughout the course of their office visit (resident/fellow/attending).

- You also may be asked to see return patients on your own with the attending and write a note as you become acclimated to the clinic.

Presentation:

You will be asked to prepare an informal (no power point slides) five to ten minute presentation in a particular area of interest pertaining to female pelvic medicine and reconstructive surgery. This will typically take place on the second week of the rotation.

If you have any questions about patient care, surgery, or any other issues pertaining to the service, you can always ask any of the fellows or residents!

We look forward to working with you!