

# **WELCOME TO LOYOLA AT GOTTLIEB HOSPITAL**

Pocket manual for all Medical students  
Rotating at Gottlieb Hospital for Ob/Gyn clerkship

We are excited to have you aboard.  
During this Journey you will be exposed to a complete Ob/Gyn experience.  
The intent of this guide is to make your time at Gottlieb easier, from both a logistical and an educational standpoint.

We have a variety of doctors who operate in this system; they are a mixture of private practice physicians on one side and Loyola Academic Faculty on the other. This will provide you with different flavors of academic and practical management.

Your active participation is encouraged and very much appreciated. Always feel free to ask questions, as it is in your best interest to expedite the learning process and clarify any doubts or uncertainties. We also encourage the "hands on" approach BUT remember that the basis of your knowledge (also in preparation for your future test) is the continuous study at home as well as during "down" times at the hospital - especially after having seen and/or experienced an interesting case or witnessed a reason to review a broad topic.

All of the nurses in L&D are supportive, open to help and available for questions as well.

There will always be residents with you so follow them but at the same time be ready for surprises and alert for any sudden change.

We are sure that at the end of this rotation, your expectations will be met, your medical knowledge will be enriched and you'll be ready for the last final step before moving on.

So let's start!

## **LOGISTICS**

**ADDRESS:** 701 West North Avenue, Melrose Park, 60160

Tel operator: (708) 681-3200 .

### **DIRECTIONS:**

Gottlieb Hospital is conveniently Located at 701 West North Avenue, basically just past 5th Avenue. You will see COSTCO on your right (at the corner of 1<sup>st</sup> Avenue); 5<sup>th</sup> Avenue will be at the next stop light. You will turn right at the successive stoplight and into the Gottlieb facility and parking lot where you will find a big open parking lot for nurses and you as well. IT'S FREE. (That's an advantage.)

Turn left at the stop sign and then left into the large lot on your left. You may park your car in the first open spot. (At the time you arrive at the Hospital, you shouldn't have any problem finding a spot.)

In front of you there will be the Main Entrance/Lobby to the Hospital. Enter through the glass doors and after 20 feet turn left toward the Hospital.

You will pass between 2 columns, turn right immediately and you'll find the elevators and, if you want, the stairs.

There are 6 floors: All OB pts are on the second floor (between L&D and postpartum). Gyne patients are usually in Postpartum, but occasionally (if busy, overflow) on other floors (usually 3 West, 5 West and 5 South).

### **UNIT LOCATION:**

Labor and Delivery, Postpartum and Surgery are ALL located on the SECOND FLOOR.

### **ELEVATORS:**

There are 2 different sets of elevators: one as you arrive, which offer access to everyone (staff, patients and visitors) and a second set closer to the back (North) part of the Hospital, that requires a code: 911 and then # (pound key)

### **YOUR CALL ROOM:**

If you are **on call**, your room will be located on the FOURTH floor (4 west), room number 418 (with a sign: Ob/Gyn on call); it's the second from the last on your left!

**To ENTER**, you have to enter code # 212 (like the area code for New York City!). The phone number is 708-538-6418 or 86418 (if you are within the hospital). REMEMBER to leave the door open when you leave in the morning to allow housekeeping to clean it after you have gone.

**L&D:**

Located on the second floor of the Hospital (2 North), behind the elevators. You need a magnetic ID to enter: either you will be provided one or you can always ring the interphone bell and the nurses will let you in.

**PostPartum:**

Second floor (2 West). Same: you will need the magnetic ID or you can find a door on the wall, you then call 84912 and the nurses will let you in.

**Surgery:**

Located in the middle of the Second floor. You need the magnetic ID to get in.

**Cafeteria:**

Located in the basement of the hospital: ID needed for discount.

Hours: Mon-Fri 6:30 am- 6:30 pm

Sat and Sun: 8:30 am till 11:30 then 2:30- 4 pm (short day!!)

**Lab, Inpatient Pharmacy:** Basement

**Outpatient Pharmacy:** First floor toward the Professional Building

**Professional Building:**

Located in the south TOWER of the building.

Loyola Doctors offices is located on the second floor, suite 201, Tel 708-538-6911 (or just 86911 if inside the Hospital) or

**Meetings:** (all in the Professional Building basement)

Grand Rounds: Mondays - 11:30-12:30 Location POB E

Cancer Meeting: every second Thursday - 11:30-12:30

Ob/Gyn M&M: Friday (every 2 months) – 8:00-9:00 am

## ORGANIZATION OF YOUR DAY

Always remember that the Resident will, not only give you instructions regarding what to do on the wards, BUT will also let you know when you need to arrive and when you may leave.

Your typical day will start with **rounding on the patients** (Usually located in Postpartum, 2 West, but occasionally the Gyne patients could be in 3 West or 5 west and 5 south).

It would be helpful if you could divide the patients between yourselves.

Vital signs, I/O's are in EPIC. If you don't have access, you can always ask the nurses.

We usually have 4 Medical students (and 1 MS4 on occasion).

### WEEKLY SCHEDULE:

**Monday, Tuesday, Thursday and Friday:** normal schedule

EXCEPT for the NIGHT student on Tuesday who comes at 6 pm and leaves at 12 am (midnight)

**Wednesday:** you should ALL go to PCC at Loyola at 7 am then come to Gottlieb when done

**Weekends:** refer to your call schedule

**Residents** are **not around** the following days/times:

**Wednesday:** from 7 am till 1 pm (Loyola PCC!!)

Remember that each doctor has a different approach, so there is **not a standard** for management, delivery and/or surgery.

**7:00 am:** A typical morning (after rounding on patients) will start at 7 am with the "BOARD ROUND" in L&D.

**Participants:** Attendings, Residents, Medical students and Nurses. You'll be asked to analyze a fetal tracing (NST) and a topic will be discussed later. It will go until 7:30 at which time all activities will start (both Gyne and/or Ob).

Remember that sometimes the workload will oblige us to postpone such a meeting.

**7:30am:** At this point each student will receive his/her assignment: either L&D (so remain where you are to scrub in for Cesarean sections [C/S]) or to the OR if any Gyne cases are scheduled for the day. If there is no activity, you will be asked to go to the Office of the Loyola doctors group (suite 201 in the Professional Building), usually with the Doctor to whom you have been assigned (but not necessarily, in case of vacation or other commitments).

Usually the resident will discuss the **plan** for the next day at sign out time.

During the course of your 6 weeks you will be asked to present and **discuss a topic** of your choice (or we might assign one):

**PREPARATION:** read the textbook and at least one article (usually the Practice Bulletin from the ACOG, but it is better to include an additional updated article).

# L&D AND GYNE

## **TEMPLATES:**

Follow the guidelines and formats already given to you and presented by Drs. Kavic and Brincat.

## **L&D**

BOARD: located in L&D, has the LIST of all the patients with all the important OB information: PLEASE update them.

There are 6 L&D rooms. As soon you arrive on your left there is an "NST" room (#272) and then a recovery room (usually after C/S).

The L&D OR room is the last one at the end.

Next to it there is a room where the students usually keep their books and study.

As soon as you get to L&D on your right there is a locker room (code 1234#) where you can change. The scrubs are located on your right as you get in. Take them and use them.

After the 7 am board report and NST discussion be ready to start your L&D day with a C/S (usually the first one scheduled at 7:30) or with laboring patients.

If you are interested, the Anesthesiologist will involve you in the Epidural technique and you might even do one!

Laboring patients are usually comfortable after the epidural. You should still be involved in their assessment (vaginal exam is part of the H&P, BUT always **with a Resident!**)

Also, you should be involved in all the deliveries: watch first, practice on the "Dummy baby", practice your cervical dilatation evaluation on the model available in L&D. Most importantly, always **be vigilant:** a patient might be ready for delivery when you don't expect it!

**PATIENTS:** there are 3 categories of Prenatal records:

- 1- Loyola patients (in EPIC)
- 2- Gottlieb Doctors (Prenatal in the drawers under the printer)
- 3- ACCESS patients for Dr. Gomez.

## **GYNE (OR)**

The OR cases are usually discussed the day before at sign out.

At that time it would be helpful if you already know which case you will be involved with (But remember that last minute cancellations can always happen, as well as last minute ADD ON cases!).

**LOCATION:** Middle of the hall of the Second floor. Access with your magnetic ID.

**ORGANIZATION:** on your Left you'll see the "**Holding area**" where patients are located waiting for surgery: you will meet them there and review or write the H&P. Time to introduce yourself.

On your Right is the "**Recovery room**", where they go at the end of surgery.

There are 10 OR rooms. In the middle of the hall there is a big board that tells you which OR room the patient will be in (or you can check the OR schedule).

The resident and/or the Attending will involve you in the discussion of the case and the surgical case itself. It's your time to be *active*.

## **CLINIC**

Located in the Professional building (south tower), suite # 201 where the Loyola Ob/Gyn Doctors have their office. (Occasionally if possible and/or you are interested you might be able to go to the North Riverside office when the Doctor you have been assigned to is scheduled to be there.)

You will be involved in the evaluation of the patient, discussion of the case and physical evaluation. Ultrasound will be part of your experience (Both in Ob and in Gyne) as well as Colposcopy, Endometrial biopsies, etc. Bring your Pap test log book with you!

## **EDUCATIONAL MATERIAL**

ARTICLES: (available in L&D)

- 1- "Screening for Cervical cancer"  
(Practice Bulletin, N. 131, November 2012)
- 2- "Infectious disease in Obstetrics and Gynecology"  
a systematic approach to management  
CRITIQUE (108 page article with practice questions on acog.org)
- 3- "2008 NICHD workshop report on electronic fetal monitoring"  
(Obstetrics and Gynecology, vol 112, N.3, September 2008)
- 4- "The role of Transvaginal Ultrasonography in the evaluation of Postmenopausal bleeding"  
(N. 440, August 2009 ACOG Committee Opinion)
- 5- "Alternative to Hysterectomy in the management of Leiomyomas"  
(Practice Bulletin, N. 96, August 2008).

TEXTBOOKS: (available also in the library, 1<sup>st</sup> floor)

Williams (or Gabbe) for Obstetrics  
Novak (or Williams) for Gyne

### **GRAND FINALE:**

Good luck and you'll enjoy it more than you think.