Women’s Health Clerkship
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Taking an Ob-Gyn History

- Name / MRN:
- Age
- Gravida: total # of pregnancies regardless of outcome
- Parity (TPAL): # of pregnancies that have reached >20 wks GA
  - Term
  - Preterm
  - Abortions/Miscarriages
  - Living
- EGA
- LMP
- EDD/EDC
CC:

PNC? Any complications?
- If pt at UHB/KCHC, then check:
  - 1st prenatal visit
  - Total # of visits:
  - Last prenatal visit:

OBHx
- Year of births
- #wks GA
- VD/ CS/ SAB/ ETOP ?
- Wt
- Complications – preeclampsia/ HTN/ gestational DM/ Anemia, etc
- M/F
- GYNHx
  - Menarche
  - Regularity
  - # days
  - Fibroids?
  - Ovarian Cysts?
  - Abnl Paps?
  - STI?
  - Currently sexually active?
    - Contraception?
    - Any previous contraception use?
  - Self Breast Exams/Mammograms?

- PMH

- PSxH

- Allergies (elicit rxn)

- Medications/ Herbs/ Supplements (PNV, Fe)

- SH

- FH

- ROS
Tips for the Clerkship Overall

- Schedule:
  - 2 wks Ob
  - 2 wks Gyn
  - 1 wk Clinic

- Study early – read up on your cases and the basic pathology prior to starting questions…otherwise, you’ll get all of them wrong
  - Dr. Gabbur will recommend some good resources at orientation

- Case Log: need 75 signatures
  - log on New Innovations as you go (need 75 as well)

- Be proactive! Be punctual.

- Don’t disappear to study or to eat lunch. Always let your resident know where you are or going to be

- SCUT? **Anything that involves patient care is not scut work**
  - You are here to learn
Tips: Obstetric Weeks

- Night Float: 6pm – 8am for one week
- Days: 6am – 4pm for 1 week
- Prior to starting, read up on:
  - Fetal Heart Tracings
  - NST/ Biophysical Profile
- Wear booties
- Use a facemask WITH eye-shield
- Vaginal Deliveries:
  - Have gown & gloves (sterile x2) ready – you will need to gown yourself up
  - The field is pseudo-sterile, but in your case…treat it as sterile
  - The key is to get ready QUICKLY and to get your hands in there!
- Cesarean section:
  - Review abdominal layers (above and below the arcuate line)
  - Pelvic Anatomy!
Tips: OR Etiquette

Prior to surgery, you should...

- Introduce yourself to:
  - Patient
  - Attending (ask if you can scrub in, *scrubbing IS A PRIVILEGE*)
  - Residents
  - Scrub nurse – offer to grab your gloves and gown
  - Circulating nurse – offer to write down your name for them
    - Offer to grab the stool in advance

- Assist in transporting the patient to the OR
  - Make sure you’ve eaten, used the bathroom, and fixed/taped your glasses
  - Make sure you have a cap and mask on BEFOREHAND so that you can step into the OR with the patient

- Help set up the room/patient – assist anesthesia with patient positioning, SCD boots, bear-hugger, etc
  - DO NOT leave the patient’s side
Tips: OR Etiquette

- **Scrubbing in:**
  - ALWAYS let your seniors scrub & get gowned first unless told otherwise
  - ALWAYS scrub for a longer period of time than your seniors
  - Everything blue = STERILE

- **During the case:**
  - Observe with purpose
  - Do not speak until spoken to
  - Maintain position especially when retracting until otherwise stated
  - Look helpful, but don’t overstep (read the room)
  - Changing positions? Always go back to back
  - DO NOT overstep your resident

- **After the case:**
  - Help transport patient to recovery & help nurse set up monitors
  - Stay with the resident, and ask him/her any questions you have about the case