

Orientation : Obstetrics & Gynecology at McMaster

Welcome!

McMaster University Medical Center is a Level III facility that deals with both High Risk and Low Risk Obstetrics. As well, we offer a full service of gynecology including subspecialties in urogynecology, infertility, and endocrinology.

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 services.

Logistics

Hand over: All house staff are to meet in the 4F lounge in the call area by 0700h for teaching to allow for hand-over to occur at 7:30 sharp. This ensures that those residents in subspecialties as well as those going to the OR can meet their commitments. Handover at the end of the day will occur at the same location at 1700h.

Handover on weekends 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. It is expected that when handing patients over in L&D, that the oncoming house staff who is to assume further care, be introduced to the patient by the house staff going off call. 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

Each morning rounds will occur. Below is a framework that we will try to work around and hopefully we will all learn something during your rotation here at McMaster.

Monday: 0700h Ob/Gyn Rounds. Chief Resident or Senior Resident to facilitate.

Tuesday 0715h Dr. D. Fedorkow facilitates teaching sessions in a topic in gynecology.

Thursday & (Friday during July-Aug): 0700h Issues in obstetrics & gynecology. Clerks & Interns will select an ob/gyn patient or topic to present. This will be decided when house staff first come on service. The presenter facilitates discussion around the topic. Suggested topics are

in the lounge. Please sign up in the Lounge & indicate your date & topic. Each house staff is expected to present at least one topic of their choice per month.

Wednesday:

0730h Grand Rounds are usually scheduled every 1st Wednesday of the month & alternate between McMaster and SJH. House staff that are on call Tuesday night will cover until oncoming staff arrives. Everyone else is expected to attend.

0800h: When no regional rounds are scheduled, a Reproductive Endocrinology and Infertility topic is facilitated by the REI resident.

Friday: 0800h Friday AM 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, etc.

Responsibilities

There are two Ob/Gyn Wards: 4C (Antenatal and Postpartum) and 4B (gynecology). 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. Both wards should be checked for either Ob/Gyn patients as patients often overflow either way. Initial the RMA form to indicate that the patient has been seen.

House staff should 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. Family Practice patients and Midwifery patients are seen by their own services unless the OB service was consulted during their care (i.e. C/S) the only way you could know is to look in the chart.

The perinatology (MFM) residents round on patients of Dr. V. Mueller, Drs. P. Smith, Dr. B. DeFrance, Dr. S. Winsor and Dr. B Brennan. However, if you have delivered them you should also see them for continuity of care and inform the perinatal resident of this. You are always invited to participate on rounds with the perinatology team if you find a patient with an interesting history or one that you have seen while on call.

Urogynecology and REI (reproductive endocrinology and infertility) patients are rounded on by the subspecialty resident except on weekends.

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 GYN) placed on L&D.

Priority is in Labour and Delivery. Following handover, house staff should report to labour and delivery to pick and meet their patients (including new patients for induction). 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 TRIAGE. WHEN HANDOVER OCCURS, THE EVENING CREW SHOULD UPDATE THE BOARDS.

Subspecialties

The following physicians are the sub specialists within the hospital and have a specific resident assigned to their patients. The resident is responsible for the day-to-day care of the patients but again welcomes anyone interested in participating in the care.

Urogynecology: Kalbfleisch, Cowan.

Endocrinology & Infertility: Hughes, Karnis, Amin and Goodrow.

Perinatology: Brennan, Smith, DeFrance, Winsor, Mueller and McDonald.

General Ob/Gyn

You are expected to see patients under these physicians:

Cepeda, Sibley, Hoang, Hutchison, Lightheart, Loopstra, Roth, Chen, Sciarra and Campeau.

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 Ruptured Membranes? *******DO NOT DO ANY DIGITAL EXAM IF YOU SUSPECT RUPTURE OF MEMBRANES. 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 who is at risk for Group B Strep. This includes:
 - a) <37 weeks gestation
 - b) previous GBS bacteraemia
 - c) previously affected GBS baby
 - d) ruptured membranes >12h and not likely to deliver in another 4 h
 - e) vaginal/rectal swab done which was positive for GBS
 - f) maternal fever >38 (oral)

Other Key Survival Hints!

1. Any 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 miss on a great learning opportunity. If low-risk Ob is quiet, seek out the resident; he or she is rarely bored.
4. Participate in surgery in the OR as well as in C/S, 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. Always go to L&D if you are assigned to it first thing in the morning. Introduce yourself to the patient you have been assigned to.
7. **THE MOST RESPONSIBLE PHYSICIAN SHOULD BE NOTIFIED OF A PATIENT'S CONDITION WITHIN 15 MINUTES OF SEEING THAT PATIENT.**

Obstetrics and Gynecology is a busy but fun rotation. You will be involved in one of the most intimate, sensitive, & memorable experiences with your patients & their families. 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.

Thanks and we look forward to working with you.

Dr. _____

Chief Resident OB/GYN

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