

Obstetrics & Gynecology Clerkship Survival Guide: Des Moines

The Schedule

The first Monday morning is essentially orientation and badge distribution for both Broadlawns and Mercy. There is no real formal introduction to the Ob/Gyn clerkship or to their EMR, but you'll figure it out as you go. During your six-week rotation you and your two classmates will spend most of your time at Broadlawns Medical Center. You will spend two weeks, however, as the "outside block" student, during which you will spend part of certain days at various other locations. It will be important for you to recognize and clarify which two of the six weeks you will be on the "outside block", so you know where to show up and when.

While on "Outside block," you will likely spend Mondays with a Gyn-Onc surgeon (Dr. Elg) in the OR at Methodist. You will likely spend Tuesday mornings with a perinatologist either at their Perinatal Diagnostic Clinic, or on the Ob unit with them. On Wednesday mornings you will spend time with fertility specialists at their clinic. It is important to communicate directly with these physicians or their office staff the day prior to make sure to let them know you are coming. There are instructions for who to call, when to call them, and where to report in the binder that they give you on the first day of the rotation. Most of this time is spent shadowing. "Outside block" is great time for catching up with studying for shelf or just relax and do stuff that's outside of med school. You'll go back to a couple OB or Gyn days during outside block so be sure to check your schedule.

While at Broadlawns, there are morning rounds every day at the family birthing center with the attending on-call. You're expected show up between 6 - 6:30 AM and pre-round with your resident. Mondays and Fridays are usually OB clinic days, morning and afternoon. Ask your resident what time to meet up for pre-round. Tuesday mornings are the scheduled OR day for C-sections or GYN procedures. Tuesday afternoon is often spent studying if the procedures are all finished for the day. Wednesday is GYN clinic, morning and afternoon. Thursday mornings are colposcopy clinics, and Thursday afternoons are scheduled lectures. Of course, if you are on-call for that particular day, you will accompany the resident and Attending to the Family Birthing Unit to deliver any babies or attend to other emergent problems. Each day you have a catered breakfast lecture at 0730 and a catered lunch lecture at 1200 in the conference room in the basement of the main hospital (Ingersoll Conference Room).

In the OR

If you need to be in the operating room for a cesarean section or some other gynecological procedure, be sure to familiarize yourself beforehand with OR etiquette. Know how to scrub, what (not) to wear (hand/wrist jewelry), when (not) to speak up, and when (not) to contribute

or help out the surgeon or scrub staff. If you have questions, do not be afraid to ask the residents, scrub techs, or OR nurses about the details.

Make sure to look up why each patient is getting a procedure on OR days. The attending (specifically Dr. Amy) may ask you this question. During gyn surgery days or C-sections, you'll often get to assist (sometimes first-assist) and do stuff (retraction, suction, sutures etc.) rather than just shadowing. Try to be helpful as much as you can and do what the attending asks you to do. They will try to teach during surgery but if not, feel free to ask relevant questions if the timing is right. They might ask you to close up the incision in the OR. Being familiar with a running subcuticular stitch will be helpful to you. Would also recommend watching a video on a circumcision procedure because you might have an opportunity to do one yourself.

The attendings can get very intense in the OR and sometimes forget that it may be our first time in the operating room. Try not to take their comments too personally. Just do your best!

Notes

During clinic, you basically begin the note for each patient and fill out as much as you can, and the attending then finishes the note as required and signs off on it. This provides good practice in history-taking, note-writing, and teaches you to be efficient in real time. Attendings (especially Dr. Lindell) will go over your notes with you and give you specific feedback. Also, remember there are 6 clinic note assignments due on ICON, try to copy and save your note on MEDITECH to word early on so you can submit the assignment on time.

They have hand-outs for how to enter OB and gyn notes into their EMR (MEDITECH). Follow these closely and ask any of the attendings or the residents if you have questions. Most of us were still referring to the hand-outs at the end of the rotation, as their EMR is not very user-friendly.

The Exam

It is a typical shelf exam, with very few unexpected question types. The material on the test is fairly well defined and straightforward (perhaps unlike the surgery or pediatric shelf exams). The OB/Gyn shelf is considered one of the "easier" shelf exams. I would encourage you to begin studying a little bit each night every week, as it makes the rotation proceed more smoothly and takes a little stress off you as the clerkship nears its end. Do not forget to spend time studying gynecologic material, especially gyn-onc, because it is at least 50% represented on the exam. The clerkship lends itself to perhaps a bit more obstetrics, so it's easy to get lured into forgetting about preparing for gyn-onc questions on the exam.

The must use resource (If you could only pick one or two resources)

- [APGO uWise questions](#) (instructions for access on ICON site) - APGO questions are useful to get you familiar with the material and build background knowledge - however the questions are not representative of the vignette-style questions you will see on the shelf exam.

- OnlineMedEd – Great resources for shelf studying and building knowledge. Highly recommend watching all the videos throughout your rotation.
- Many students also spoke highly of the efficacy of First Aid USMLE Step 2 CK, available for purchase.
- Question bank:
U-world step 2 Q-Bank or AMBOSS ob/gyn questions are both great resources to use to prepare for the shelf. The question style is very similar to the shelf and the explanations are quite thorough. Start doing these questions early on! You'll learn important topics and concepts by doing questions. Do some questions each day, read all the explanations, and take notes.

Other Resources

- Case Files (copy provided for you to use during the clerkship by the Consortium)

If you have time (maybe not the highest yield)

- Obstetrics & Gynecology- Beckman (a numbered copy is provided by Broadlawns).
***Read through First Aid Step 1 reproductive section while on this rotation. It is helpful knowledge for the clinic and in preparation for the step 1 exam. The Pathoma chapters on female reproductive system and breast can also be very helpful.

Resources to avoid

Anything beyond those listed above is unnecessary. Use the Beckman book only if you have time or want to read in-depth about a topic. As with studying for any exam, there are multiple resources in which you can quickly become inundated. Pick one or two and stick with them.

Miscellaneous

Don't forget to record your RCEs and direct observation forms on Clerx. The easiest thing to do is add them online each day, you know how many you have and still need, and you don't fall behind and scramble to fill them all in at the end of clerkship.

For morning rounds, there is a template for presentation at family birthing center where OB team meets. When you pre-round on patients, just ask the questions on the template and present exactly in the order of the template. Don't forget to write down the post-partum hemoglobin and note any risks to the pregnancy that might require continued monitoring, such as gestational hypertension or gestational diabetes.

None of the attendings give much positive feedback. If you can make it through a presentation, including your assessment and recommendations, without them interrupting you for additional details -- that's an A+. Don't be afraid to ask for feedback – not “how am I doing?” but “what can I do better?”.

You get a lot of money in your meal card during this rotation. Make the best use of it.

When in clinic at Broadlawns, you are thrown into the mix immediately and are expected to see patients, take a history, perform parts of the exam, and present each patient to an attending. It would be wise to familiarize yourself with a few basics before you begin. It will feel disorienting and overwhelming at first, but eventually you'll figure out the flow of the clinic, the presentation style, and each attending's nuances. You will grow a lot in your history taking skills while on this rotation.

For OB days – ask each patient if they have had any vaginal bleeding, contractions, or loss of fluid. Also ask if they have felt the baby move. Look them up in the chart prior to going in the room. If they have gestational diabetes, have a discussion about their sugars and know if they are taking any medications. Similarly, if they have hypertension or preeclampsia ask them about warning symptoms. Know the criteria for HELLP syndrome because the attendings will ask you about this.

For GYN days – the questions you ask will be dependent on their chief complaint. Always ask about LMP (and period details), contraception, if they pregnant or wanting to become pregnant, sexual activity. OB history may be relevant in certain situations, but you should always ask their Gs and Ps and the details of these pregnancies if they aren't listed in the chart.

Clinic days can be really busy. Don't be surprised if there isn't much time for formal teaching. Just work hard to do your part and help out the team. This rotation is where your work actually matters in clinic flow and patient care! Enjoy it!