Covenant Health

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Grey Nuns Community Hospital

Orientation Manual

Student Intern Rotation in

OBSTETRICS & GYNAECOLOGY

GREY NUNS COMMUNITY HOSPITAL

Orientation Manual for Student Intern Phase III Rotation in Obstetrics & Gynaecology

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Updated: August 20, 2016

OBSTETRICS AND GYNAECOLOGY – STUDENT ROTATION GREY NUNS HOSPITAL

Welcome to the Women's Health Program and Department of Obstetrics and Gynaecology at the Grey Nuns Hospital. We hope that you will find the medical, nursing and resident staffs to be helpful and congenial and that you will have a useful and productive rotation.

Remember that you will get exactly out of this rotation what you put into it. Your personal initiative in learning, working and being involved will be the main factor in producing a rotation with which you are satisfied. Because of new trends in medical education, this may be one of your last exposures to obstetrics and gynaecology unless you plan to enter the field as a specialist or family practitioner.

The rotation is perhaps unique among your various clinical rotations in providing a satisfying opportunity for you to experience participation in the team approach by various disciplines in a field filled with medical and technical challenges but with a significant emotional and psychological overlay. You will be privileged to play a part.

OUR SITE ADMINISTRATIVE PLAYERS

Dr. James Boulton is the Education Coordinator and constantly in touch, but may not be on site. He may be contacted at any time at boultonjj@shaw.ca or texted at 780-445-9796. **Dr. Rahim Janmohamed** participates and may be available on site.

On Labour and Delivery, your main contact will be
Reichelle Prefontaine, Nurse Practitioner reichelle.prefontaine@covenanthealth.ca

supported by
Clinical Educators **Heidi deLange** Heidi.deLange@covenanthealth.ca
and **Michelle Cyca**, Michelle.Cyca@covenanthealth.ca
At least one of these women will be available to you on the unit through the week.

Glenna West is the daytime Unit Manager on Labour and Delivery, Station 35

Cindy Heathcote is the Program Assistant for GNH Medical Education in the Administration suite.
Lana Jessa, Lana.Jessa@covenanthealth.ca
Room 3323, 780-735-9991 provides secretarial support.

THE PROGRAM FORMAT

As a relatively new concept, the students will spend 3 weeks at this site and 3 weeks at the RAH site, the centre for the subspecialties

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LEARNING OBJECTIVES

As on all services, we would like you to become competent in the basic clinical skills, including history-taking, examination, communication and documentation. Other goals should include:

- an understanding of normal and pathological pregnancies
- risk identification in pregnancy
- an understanding of the problems in calculating the expected date of delivery
- an understanding of assessment and management of labour and its interventions.
- the interactions of various medical and surgical conditions with pregnancy
- development of basic technical skills in the Case Room and Operating Room
- an understanding of the application of reproductive anatomy and physiology to clinical situations
- an understanding of common gynaecologic disorders and their management
- an appreciation of the ethical, social and personal aspects of dealing with female patients representing different ages and cultural backgrounds.

The knowledge will assist in the management of female patients regardless of your ultimate field of practice.

The University Department will provide you with the <u>specific topic-related and experience goals</u>.

FIRST DAY ON THE SERVICE

Dr. Boulton will introduce you to the Service. Then, the following is arranged for you:

(1) Labour & Delivery unit orientation
(2) Operating Room orientation - for those who have not yet worked in an operating room.
(3) Discussion with a resident on the Service

SCHEDULES

You will be asked to meet together to draw up a rotation for calls and other activities. Each day, usually three students are specifically scheduled to attend:

(1) the Labour and Delivery Unit (Station 35)
    (a) one person will be on call through the day and that night to attend deliveries and participate in assessments. Once the teaching sessions are concluded the next day, this student may go home.

(b) a second student may be assigned to the Labour and Delivery operating theatres. This person will go home at the end of the day.

(2) the Main OR

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PRECEPTORS

You will be assigned to one of the members of the staff. Your preceptor is not responsible for your total teaching on the Service ,but will assist your experience. Let your preceptor and others know about your hopes and career goals.

Ask your preceptor about his / her expectations of you through the rotation.

You will be given your preceptors' operating and office days on a calendar. The office days are a general guide, and in each instance, your opportunities to attend are by invitation only, depending often upon the work load. Be sure to be available for your preceptor's Operating Room days.

Remember that:

- because of short stays and limited beds which have now become a medical-economic reality, your preceptor may or may not have many patients in hospital at a given time.
- you should endeavour to be exposed to other clinicians
- if you are not busy and not with your preceptor, ask to make rounds with or follow any staff member, even if he has another student or resident with him / her.
    - you should try to attend a variety of interesting or useful cases or procedures being managed elsewhere on the Service.

Remember as well that your preceptor alone does not assign the final mark for your rotation.

There are a number of busy Family Practitioners working in the Department. All students may learn from them, and they are excellent role models for those hoping to do Family Practice, although normally they bring their own learners.

SEMINARS and SMALL GROUP SESSIONS

You will be given a list of the core topics for the course as presented in **large-group seminars**. Responding to suggestions given by previous student groups, the seminars are established in blocks at the various teaching sites.

You <u>must</u> attend the seminars.

Small group sessions will be arranged by the various clinicians on site and by the residents as possible. Where the topic is known in advance, you should try to read it beforehand.

TECHNICAL SKILLS

You will have the opportunity to learn and exercise various technical skills in the Case Room, Operating Room and clinics or offices. Being technically skilful is not a requirement for obtaining a good mark on the rotation, but is important if you have any wish to use these skills in the future, either in Obstetrics or Surgery.

If you are not already comfortable with instrument technique, suturing etc. any number of members of the Resident Staff or Medical Staff will be happy to sit down and work with you as time permits. Teaching aids, such as instruments, are available on request. If you feel that you are technically hopeless, remember that your interest and best efforts will be appreciated.

Attend as many cases as you can of all types, and scrub on as many as you are able. What you may be permitted to do technically is proportional to your exposure and practice.

DOCUMENTATION

Remember that documentation is one of the hallmarks of basic clinical skills (the others being history, examination and communication). Medically and legally, it is essential to recognize that <u>any</u> other person's documentation may not be completely accurate.

On every service, your histories must be honed to be complete, accurate and concise. It is expected that you will write out your histories on the yellow sheets and not simply copy information from the Centricity computer program.

The hospital record is a legal document. All entries should be organized, neat and include the date, time and a legible signature with identification. The use of <u>abbreviations</u> should be limited, and certainly to those <u>universally</u> understood.

NURSING AND HOUSE STAFFS

In general, you will be managed as a graduate intern and the O & G Resident or Family Practice Resident is expected to fairly and equitably share cases with you, but he / she also expects you to share in patient evaluation and management.

Dialogue with the **residents** at all levels. The O & G Residents on the service are actively reading and studying and are expected to be up-to-date on current concepts and therapies.

It is our wish that the student be the first to see patients in the **Emergency Department** and from there dialogue with the resident or staff.

Remember that most of the **nursing staff** in the Case Room know a great deal about labour and delivery. Learn from them, as has every single clinician practicing obstetrics, at some time in his / her training.

- ✓ Especially let them teach you how to follow a patient in labour.
- ✓ If you follow patients closely in labour, the nursing staff will be more likely to permit you to become more actively involved in their assessment.

There may occasionally be **International Medical Graduates** on the service. They will normally be included among the students for administrative purposes. Only occasionally and briefly will you encounter an **Elective Student**, since we emphasize our commitment to Program Students.

ATTIRE

Make an effort to be neat and tidy on the wards. “Greens” are intended for use in the O.R.’s to avoid contamination of the suites, and on Labour and Delivery, largely to avoid soiling your own clothing.

Fresh scrub suits must be donned upon going to the O.R. “Greens” should not be worn outside of the building.

PROCEDURES

- Vaginal examinations – can be done with RN, residents, attending physicians, extender physicians but you **must** be accompanied.

- Speculum examinations – can be done with Obs R2, or higher, attending physician or extender physician.

- Deliveries – the attending physician must be present.
  Remember that if the attending physician is not arriving in time, hospital policy dictates that the most experienced person available shall conduct the delivery.
  - this may be the Resident or even the nurse.

- If you are interested in starting IV’s, inserting foley catheters or similar procedures, please let the RN assigned to your patient or Rachel know.

PROFESSIONAL HINTS

All Units

- Identify yourself to the patients.
- Acknowledge the family members
- Remember that your approach and demeanour reflect upon yourself, the patients' clinician, the hospital and the university.

Operating Rooms

- Try not to be the last person to arrive if you are expected to scrub on a case.
- If possible, try to be familiar with the clinical history of the case in advance.
- Meet the patient before induction of anaesthesia to introduce yourself and discuss possible examination under anaesthesia.
- The O.R. may provide the opportunity and time to discuss topics or cases, but try to gear your conversation to the relative ease or difficulty the surgeon is encountering with the case.

Case Room

- Discuss any patients who you have been following to your incoming colleague at the end of your shift so that the next student does not miss the opportunity.
- Follow patients closely, both medically and socially, while in labour.
  - the delivery itself is only a part of the process, but it is an emotionally charged experience, often observed by family, friends or labour coaches.
  - you will be perceived by all as being a useful part of the team.
- You should know at all times what is going on with the patients you are following.
  - dialogue with the nursing staff and the Resident on call with you.
  - you should be able to tell the clinician what is happening, not he or she calling you to tell you that the delivery is imminent.
- In the event of a difficult or complicated case, or sometimes for personal reasons, you may not be able to effect the delivery in a case you have followed well.
- Remember that physicians may want to know you before they are comfortable in having you manage a case.
  - try to be available, and meet and scrub with as many physicians as possible.
- Do not discuss other patients or cases, or your private affairs, within hearing of a patient or their family or friends.
- When the attending physician is present ("the captain is on the bridge") try to get a sense of how much he would like to you be guiding or instructing the patient.

CELL PHONES and DISRUPTIVE DEVICES

The University, the Hospital and the Department expect that students will not have cell phones or similar devices in evidence for reference or communication during any teaching or clinical situations where patients or staff are present.

TEACHING

- When doing technical procedures under supervision, try to do exactly as you are instructed, quickly and effectively. In that way, a procedure is safe.

  - you will receive different advice and instructions on the same procedure from different teachers. While puzzling, this is an advantage, and ultimately, you will be able to put together parts of this advice to develop your own technique, which you may use in practice.

- Be sure to advise us if very basic clinical experiences as defined by the University Department are not being achieved.

- You must take the initiative to make yourself available for learning and working experiences. Staff are less likely to seek you out to review your histories and documentation, but will be agreeable if you present your work to them.

EVALUATION DURING THE ROTATION

It is useful for you to know how you are doing on the rotation - professionally, personally and technically.

Some of the responsibility lies with you. You should:

- ask clinicians, residents or the Nurse Facilitator to critique your histories, examinations, documentation and technical skills

- The **Field Notes** are used differently on this service. Be reliable about having them completed and place them daily in the mail box in the Labour and Delivery (Stn. 35) medication room.

We generally identify any students who are struggling personally, clinically or academically and meet with them through the rotation.

MARKING SYSTEM

Your final mark for the rotation is derived from (a) your ward work (50%) and (b) the objective examinations (50%), which consist of a written examination and an OSCE. The University assigns the relative weights of these assessments. At the time of writing, 75% of the objective mark is derived from the OSCE and 25% from the written examination.

Your subjective ward mark will be determined by interviewing members of the Department, including your preceptor, some senior Nursing Staff and the Resident Staff through the Chief Resident, in addition to the Field Notes.

Each student's evaluation is discussed with him / her privately at the end of the rotation.

EVALUATION OF THE ROTATION

Evaluations work both ways. You will have the opportunity to provide your input at several stages of the rotation and comments are welcome at any time. You will have the opportunity to evaluate the rotation at its end and are encouraged to do so. Your opinions are valued and can assist us in future rotations.

ABSENCES

- If you must be away from the Department for personal or professional reasons, be sure to advise:
  - the desk in the Case Room
  - your student colleagues
  - the Resident Staff you would have been working with

- **Flex Days** must be cleared by the Undergraduate Office at the University.
- For major absences, please notify Dr. Boulton as well.
- Be sure that you are covered by another student or house staff if, for example, you are scheduled to be working on Labour and Delivery.

COMPUTERS

There are computers with Internet access and printers throughout the building and on Unit 35. If you are not familiar with accessing research material, the O & G Residents can assist you.

CONFIDENTIALITY

Patient confidentiality as to identification, diagnosis and personal information is to be strictly observed at all sites.

Please do not discuss patient matters or personal matters related to staff and colleagues where they may be overheard by anyone not involved with their care, including hallways, elevators and the cafeteria.

Nothing with a patient's identification on it should be carried about with any chance of misplacing it. Lists of patients, with or without their diagnoses, laboratory reports or other documents may be useful in your work, but there have been serious instances of these being lost within and outside the hospital.

Secure boxes for confidential material to be shredded are available on all units.

STAFF INTERACTIONS

The Grey Nuns Hospital Department, the University and the Covenant Health Group have expressed a zero tolerance to behaviour involving medical, nursing or resident staffs and students that might be interpreted as disrespectful or demeaning. While constructive criticism and correction are useful, it is expected that you will let Dr. Boulton know in a timely and confidential manner if you feel that you are not being treated appropriately.

YOUR PERSONAL NEEDS

Be sure to let Dr. Boulton know in good time if, for some reason, the Service is not meeting your educational needs or if you are having any personal or professional problems with the Medical, Nursing or Resident staffs, your preceptor or your student colleagues.

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Have a good rotation!