

## Things to Know on Your OB/GYN Clinical Rotation

### Review These Topics

- Be able to determine Gravida and Para (TPAL) of patient.
- Know the significance of Pap smear results by Class, Bethesda system, and CIN nomenclature.
- Know the signs and symptoms of pregnancy.
- Know the signs and symptoms of perimenopause/menopause.
- Know the meaning of Category A,B,C,D,X drugs taken during pregnancy. Know the most common Category X drugs.
- Know the six movements associated with the mechanism of labor.
- Be able to list the absolute contraindications to usage of Oral Contraceptive Pills.
- Know how to explain the Breast Self Exam.
- Know how cervical dilatation, cervical effacement, and station are defined with respect to a digital exam
- Look under "Questions I was asked on my clinical rotation" for more topics.

### How to Present an OB/GYN Patient

If routine OB patient, the following info should be included in your presentation to your attending physician/PA:

[age] year old Gravida [#] Para [####] at EGA [#] wks by LMP/1st trim. U/S for routine visit without complaints. BP=[#/#] and is consistent with previous values. Weight gain=[lbs/time frame]. [+]Fetal Movements, Fundal Height=[cm], Fetal Heart Tones=[BPM]. Denies contractions, vaginal bleeding, nor leakage of fluid. List any labs to be ordered. Patient to return in [wks] or sooner prn.

*If GYN patient, the following info should be included in your presentation to your attending physician/PA:*

[age] year old female c/o [HPI].

Past GYN Hx: age of menarche, frequency of menses, duration of menses, dysmenorrhea if applicable, age of sexual activity start, method of contraception, dyspareunia/post-coital bleeding if applicable, hx of STD's or abnormal Pap results.

Past OB Hx: Gravida[#], Para[TPAL], complications if applicable.

Other past medical Hx:

Past Surgical Hx:

Meds/Allergies:

Family Hx: DM, Htn, heart dx, CVA, bleeding d/o, CA (include breast, ovarian, colon, endometrial/uterine), autoimmune dx, mental illness, chromosome

abnormalities/ birth defects.

Social Hx: smoking, other tobacco products, alcohol, drugs, diet, exercise, occupation, support system.

Report any significant findings on physical exam.

Treatment Plan.

**Questions Asked on my Clinical Rotation:**

- How many glucose values have to be positive in a 3-hour glucose tolerance test for the definition of gestational diabetes to be applied? List the values.
- Identify the anatomical structures of the perineum and external genitalia as viewed in the lithotomy position.
- What is the difference in presentation and treatment of placenta previa and abruptio placenta?
- What is the definition of the different degrees of perineal lacerations?
- What is the presentation and treatment of the different types of vaginitis infections (bacterial vaginosis, trichomoniasis, candidiasis)?
- What is the diagnostic criteria for gestational diabetes and preeclampsia?
- Identify the round ligaments, ureters, and cardinal ligaments during a total abdominal hysterectomy surgery

**General Tips:**

- Keep non-perishable snacks in pocket (hours can be long) and wear comfortable shoes.
- Have an OB wheel, tape measure, watch with a second-hand, and access to a drug book or drug program on your rotation.
- Speculum exam: if unable to find cervix, majority of time, cervix is tucked posterior so speculum should be angled with blade tips pointing downward to try and scoop cervix up into view (remember that vaginal tissue has ruggae and cervical tissue is smooth!).
- Digital exam: if unable to reach cervix, make sure forearm is parallel to floor and at level of introitus; drop hand down at wrist. If cervix still not palpable, have patient tilt pelvis up by placing both fists under her lower back.
- Talk to the patient at all times so she knows what to expect and why you are doing each part of the exam.