Welcome to Gyn Onc!

General Schedule

<table>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Potkul OR cases [OR 13 usually]</td>
<td>Potkul clinic 8-5 +/- Smith cases</td>
<td>PCC @ 7:30 Potkul ASC cases +/- Smith cases</td>
<td>Potkul OR cases Smith clinic 8-12 +/- Smith cases</td>
<td>Potkul clinic 8-5 +/- Smith cases</td>
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Saturday & Sunday: Rounding in AM

Rotation Basics:
- **Rounding**
  - Pre-round on all your patients BEFORE 5:45am.
  - Meet at 5:45 on the highest floor we have patients
  - Have notes **FINISHED** by 5:45
    - Do not make addendums unless absolutely necessary
    - You are allowed to make mistakes 😊
  - Practice presentations with me and/or residents as needed
  - 6:00am – rounding with residents; 6:30 am – Gyn conference in back of cafeteria
  - You will present your patient to Dr. Potkul on rounds at 7:7:15am, after Gyn conference
- **OR Cases**
  - Check your email the night before for assigned OR cases – I’ll send out an email
  - Always read about your patients and the procedure before going into surgery
  - Wait in pre-op holding until your patient is rolled back by anesthesia
    - Don’t forget – scrubs, hats, booties, mask, no jewelry
    - Introduce yourself to the patient before surgery
    - Page the resident going in on your case AS anesthesia pushes the patient back to the OR
    - OR etiquette: Introduce yourself to the nurse, write your name on the white board, pull your own gloves & give them to the scrub nurse, ask if they have a gown for you, offer to help by moving the bed in/out of room, offer to with the Foley, always scrub when & how your resident scrubs, pay attention during the surgery [i.e. when to cut a suture, when to grab the retractor, etc.]
  - Once your case is over:
    - Page the next student to come to pre-op holding for the next case IMMEDIATELY after the case is finished
    - Offer to write the operative note: if writing the note, ask anesthesia for EBL, fluids, and urine output before writing the note; use the “IP operative note” general template
    - Page me after you are done to find out what we need help with
- **Clinic**
  - Location of clinic: Cancer Center
  - Dr. Potkul’s clinic: 1 student MUST be there at all times, and we may need more if busy
  - Call EPIC for access to the schedule; type in CC Gyn to access schedule: #s to try – 15930, 10048, or 73742
  - MS3 role: go in, see the patient and update the medical history and surgical history; do not type a note; you do not need to ask prior to going in to see the patient – just check to make sure that the patient is next in line on the schedule
  - Things to check/ask: read Dr. Potkul’s last note in the chart before seeing the patient; note the type of cancer and/or reason for visit, previous procedure [what was done/when/significant pathology], note type of chemo received & number of cycles completed [i.e. carbo/taxol 6 cycles], ask if patient is having any side effects from chemo [weight changes, nausea, vomiting, rectal bleeding, fatigue, etc.], ask history of last mammo, pap, colonoscopy, and if any of these were abnormal
  - Physical exam: you may do a QUICK physical [heart/lungs/abd/ext]; DO NOT do a pelvic exam – you will do this with Potkul
  - If you are having trouble with anything – ask me, Ariana, or Millie for help [they are awesome clinic nurses!]
- **Misc**
  - Things to ask in the morning when seeing your patients: Did they have any nausea, vomiting, fevers, chills, chest pain, shortness of breath, or changes in urination/bowel habits? Have they passed gas [aka flatus]? Had a bowel movement? Pain controlled? Tolerating PO intake? Ambulating? Problems overnight?
  - Physical exam – important parts of the exam include the lung exam [signs of fluid overload/crackles/coarse breath sounds], heart [rate/rhythm/abnormal sounds/murmurs], abd exam [tender/distended/dressing clean, dry, intact/incision intact], extremities [edema], and any other pertinent findings
  - Check the nursing notes in the chart and/or ask the nurse if anything happened overnight
  - Read notes from other services taking care of the patient – include any recommendations in your note
  - Abbreviations:
    - POD: postoperative day
    - TAH/BSO: total abdominal hysterectomy & bilateral salpingo-oophorectomy
    - TVH: total vaginal hysterectomy
    - Ex lap: exploratory laparotomy

Sample Write up:

Gyn Onc Progress Note – MS3

Subjective: ***

Good Luck Guys!!! 😊
Objective:
Vitals: Tm: Tc: BP: HR: RR: Oxygen %: [i.e. 99% on RA – room air]
Gen: alert & oriented x 3 [A&Ox3], no acute distress [NAD], pleasant upon exam
HEENT: within normal limits [WNL]
CV: RRR, normal S1&S2, no S3/S4/murmurs/gallops/rubs, no jugular venous distention [JVD] or carotid bruits
Pulm: clear to auscultation bilaterally [CTAB], no wheezes, rhonchi, or rales [wr/r]
Abd: soft, nontender [NT], nondistended [ND], + bowel sounds [+bs], no hepatosplonomegaly [hsm] or palpable masses
Wound: appropriate incisional tenderness, no drainage/erythema, dressing clean/dry/intact [c/d/i], staples &/or sutures intact
Extremities: + 2 pedal pulses, no edema or calf tenderness, warm to touch, TEDS/SCDs in place
Medications: use smart link -- .ipmeds
Labs: use smart links – .lcbc, .llbmp, .llica, .llmg, .llphos
**not all patients will have these labs; check to see what your patient is getting
Radiology/Imaging: copy/paste any Xray/CT/other imaging reports
Assessment & Plan:
Ms. X is a 75 y/o female POD#1 s/p TAH/BSO for stage 2a, grade 2 endometrial carcinoma.
- D/c foley, switch to PO pain meds
- Advance general diet as tolerated
- Encourage incentive spirometer [IS], and ambulation
Will discuss with resident and attending.
Name, MS3 Pager: x12345
Sample Presentation:
"Ms. X is a 75 y/o female POD#1 s/p TAH/BSO for stage 2a, grade 2 endometrial carcinoma. Overnight, no acute events. Pain is controlled with morphine PCA. No nausea, vomiting, or other complaints. Tolerating PO intake. Ambulating well. Vital signs stable; afibrile. On exam, abdomen is appropriately tender to palpation. Incision is clean with dressing dry, intact. Post op hemoglobin is 10.4; pre-op was 11.0. Plan for her: d/c foley, switch to PO pain meds, encourage general diet/incentive spirometer/ambulation as tolerated. Discharge planning for tomorrow."

AW