

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
PA STUDENT 2016-2017**

Greetings from the Department of **Obstetrics and Gynecology** in Jacksonville!

Here are some specifics about the first day that will be useful to you:

**You are to report to Karen Sisco immediately upon arrival to pick up your welcome packet which will include your parking card, dorm keys, meal card, etc.** Please refer to Karen's email for reporting instructions.

After checking in with Karen you are to report to the 3<sup>rd</sup> floor of the Learning Resource Center Department of Obstetrics and Gynecology.

All students are to attend orientation in Gainesville the first day of the clerkship. The OB&GYN groups starting with the first three weeks in Jacksonville will be let out of orientation by 12:00noon in time to be in Jacksonville, complete the above, and present to the Department of OB/GYN conference room (3<sup>rd</sup> Floor LRC) by 3:00pm. The OB&GYN groups coming to Jacksonville the second three weeks should arrive in time to complete the above, and present to the conference room by 12:30pm the first day of their rotation here.

Please feel free to contact [Karen Barquero \(904\) 244-3127](mailto:Karen.Barquero@jax.ufl.edu), or me if there are any problems.

Brent Seibel, M.D.  
Clerkship Director  
Clinical Clerkship Jacksonville

BS/kb

## **WELCOME TO YOUR CLINICAL CLERKSHIP IN OBSTETRICS AND GYNECOLOGY AT JACKSONVILLE**

We are pleased that you will be spending four weeks of your Obstetrics or Gynecology Clerkship with us in Jacksonville. During orientation in Gainesville, you should have received a copy of your *responsibilities, objectives and evaluation guidelines* for the Jacksonville service. Please read through this material carefully. You will be given the opportunity to review this information and ask questions during a brief orientation with Brent Seibel, M.D., Clerkship Director and Karen Barquero, Medical Student Coordinator, on the first day of your rotation. After checking in with the Karen Sisco at the housing office, please report to Karen Barquero no later than 9:00 a.m. on the 3<sup>rd</sup> floor of the Learning Resource Center (LRC) in the Department of Obstetrics and Gynecology.

Dr. Brent Seibel, Clerkship Director has many reference books, or texts that you could use during the rotation in Jacksonville. You will have access to the Borland Library on the 2<sup>nd</sup> floor, which has a wide variety of books and journals you may obtain on loan, as well as electronic resources.

You should understand that PA students are integral part of our department, and we are committed to provide a conducive learning environment for you.

If you have any questions prior to your arrival, please do not hesitate to contact Karen or me at (904) 244-3127. I think you will enjoy your time spent on the Jacksonville Ob/Gyn Service, and we are looking forward to working with you.

Sincerely,

Brent Seibel, M.D.  
Clerkship Director  
Clinical Clerkship Jacksonville

BS/kb

Dear PA Student,

- Attendance at the Resident Conferences is **MANDATORY (unless you are post-call)**, as is attendance at **ROUNDS**.
- You will be assigned evening call on Labor & Delivery. You will receive the day off post-call following morning rounds.
- If you get lost, have questions, etc., you can reach me at x43127 from 8:00 am until 4:30 pm Mon. - Fri. If I don't have an answer for your questions, I can find someone who does.
- **At checkout please do not forget to return your PAGER and ACC CLINIC ACCESS CARD.**

☺**HAVE A GREAT FOUR WEEKS!**☺

Karen Barquero,  
Medical Student Coordinator  
Obstetrics and Gynecology

**RESIDENT CONFERENCES:** (Wednesday 8:00am-12:00pm)

Objective: Increase your knowledge of topics in OB/GYN and Primary Care. Although this lecture series is primarily for the residents you will also find it educational.

Preparation: Read the book chapter listed on the conference schedule.

Participation: You may ask questions to clarify and increase your knowledge.

Evaluation: You are not evaluated.

**NOTE:** All students are expected to leave their designated work areas to attend:

Resident Conferences (Wednesday)	8:00am-12:00pm
CBC's (M-F)	Varies – see schedule
Gyn Tumor Board	12:30pm on the 3 <sup>rd</sup> Wednesday of each month in the Shands Boardroom (4 <sup>th</sup> floor LRC bldg)

**ATTENDANCE POLICY and REPORTING of ABSENCES:**

In the third and fourth year clinical clerkships and electives, daily attendance is required for all aspects of the clinical rotations. During clinical rotations, typical “holidays” are not taken unless specifically mentioned by the clerkship (Christmas and Thanksgiving are exempt from this rule). If you are absent, you must notify those faculty members who supervise your clinical experiences and the clerkship coordinator.

**1) Unexpected absences.**

Students must notify the OB/Gyn clerkship coordinator in Jacksonville @ 244-3127. If a student is unable to contact the clerkship coordinator, they should notify the staff in the Office of Medical Education (COMCEC). If the absence is of greater duration than a single day, the staff in COMCEC (352-273-8575) must be notified in addition to the course director or supervising attending and clerkship coordinator. If the absence occurs while in Jacksonville on a clinical rotation, the Office of Educational Affairs (904-244-5128) in Jacksonville must be notified in addition to COMCEC.

**2) Planned absences.** In the case of planned absences to attend meetings, events such as weddings or observation of a personal religious holiday students must contact the clerkship director as far in advance as possible (these requests **must** be made at least **4 weeks** prior to the beginning of the clerkship) to discuss and obtain the permission of the clerkship director to be absent from assigned responsibilities. If the student is in Jacksonville at the time of the planned absence this request must also be sent to the Jacksonville clerkship director, Brent Seibel, M.D. or Clerkship Coordinator. Once permission is obtained for the planned absence, the student must notify COMCEC of the approved dates for the absence.

**3)** Students will be asked to make up the time missed in order to ensure that they have an adequate clinical experience. This may recall extra call or weekend clinical experiences. Failure to adhere to these policies will be reflected in the professionalism competency.

### **Illness/Emergency:**

If you are ill or have an emergency that might require you to be late or absent, you **MUST** inform Karen Barquero, x43127 **ASAP**. If you are out sick for more than one day you are required to obtain a doctor's note excusing you from your clerkship duties.

**University of Florida Community Health Center (UF CHC).  
4<sup>th</sup> Floor, Alexander Ambulatory Care Center (ACC Building)  
655 W. 8<sup>th</sup> Street, Jacksonville, FL 32209**

### **Medical Student Acute/Urgent Care Protocol:**

Urgent care clinical services will be provided at the UF CHC, which is located in the ACC building, 4<sup>th</sup> floor. Prior to presenting for care, please contact the office to arrange for a time to be seen. You will be given an appointment with one of several providers and every effort will be made for you to be seen the same day you call. However, depending on provider availability and clinic patient volume, a next working-day appointment may be necessary for late-day contact.

For your convenience we offer a streamlined appointment system manned by our registered nurses. To schedule an appointment, a direct *call to one of our clinic nurses at either (904) 244-5673 or (904) 244-2573* is all that is necessary. In the event both of these are busy, we suggest you wait 10-15 minutes and call again. If still busy, or if you do not wish to wait, call our main appointment line at (904) 244-5121 and press 1. In either case it is **IMPORTANT** that you identify yourself as a UF medical student needing Acute/Urgent Care.

Clinic hours of operation are Monday through Thursday 8am-5pm, and Friday 8am-3:30pm. We are closed for all UF holidays.

Your health insurance company will be billed for the visit, including any ancillary services such as laboratory tests, X-rays, or specialty consult. You will not have any out of pocket expense.

### **??SINCE YOU ASKED???**

#### **MAY I USE THE DEPARTMENT COPIER?**

While at Jacksonville, you are free to use department facilities just as the residents do, for educational pursuits. Please do not abuse this privilege, so that others will have the same freedom.

#### **WHAT ABOUT UNASSIGNED TIME?**

There are several possibilities to pursue if you have time, which is not otherwise assigned. These include:

- 1) OB ultrasound available on the 3<sup>rd</sup> floor of the Alexander Building.
- 2) Labor and Delivery Triage, to learn evaluation of acute complications of pregnancy.
- 3) Fetal testing on 3<sup>rd</sup> floor of Alexander Building – including NST's, BPPs, AFI assessments.
- 4) Borland Library located on 2<sup>nd</sup> floor of LRC Building.
- 5) Genetics Counseling by Cindy Loge daily on the 3<sup>rd</sup> floor of Alexander Building.

Talk to your precepting resident as well. They can sometimes guide you to a fabulous once-in-a-lifetime opportunity or give you an impromptu talk on a subject of mutual interest.

## **STUDENT RESPONSIBILITIES ON THE OBSTETRICS SERVICE**

**ON-CALL:** By assignment: L&D Monday – Thursday: 7:00pm – after 7:00am morning rounds. Friday 7:00pm-7:00am.

**Objective:** To learn how to manage laboring patients and perform deliveries  
To learn the difference between normal and abnormal labor  
To learn the techniques and methods of intrapartum fetal surveillance

**Preparation:** Sim lab orientation. The greater your knowledge of labor and delivery and the more skilled at suturing & knot tying the more you will do and the more you will learn. You should at least read the Intrapartum Care chapter in your text before your labor and delivery day and/or before your first call night.

**Participation:** Change into scrubs as soon as you arrive. You are to report to the fourth year resident “running the board” and should always let them know where you are and if you are leaving the unit. Put your full name and beeper number on the small board to the right of “THE BOARD” in L&D so you can be located at all times. While on L&D you are expected to follow your patients, assist the residents in constructing an electronic note for your patients at the appropriate time intervals and be available for deliveries. If there is something educationally beneficial occurring during that time you may have the residents page you if you desire. The day after call you are off.

**Evaluation:** Residents, faculty, and nursing staff will evaluate you routinely on the applicable competencies.

### **LABOR AND DELIVERY SERVICE:**

**Objective:** To learn the difference between normal and abnormal labor  
To learn the techniques and methods of intrapartum fetal surveillance  
To learn how to manage laboring patients and do deliveries

**Preparation:** The appropriate chapters in your text

**Participation:** One or two students are assigned to the Labor and Delivery Service. You should arrive at 0645, change into scrubs and meet the senior resident for Board Rounds at 7:00am every day except Friday is at 8:00am. You will be assigned a laboring patient to follow, manage and hopefully deliver. You are expected to get to know your patient, write labor notes, do exams, etc. The senior resident will direct you.

**Evaluation:** Residents and faculty will evaluate the applicable competencies.

### **TRIAGE SERVICE:**

**Objective:** To learn how to diagnose and treat common complaints and complications of pregnancy  
To gain experience on focused History and Physicals  
To determine the difference between emergent and non-emergent OB problems

**Preparation:** “The Medical and Surgical Conditions of Pregnancy” chapter in your text

**Participation:** You should arrive at 7:00am and will shadow the second year resident in triage. You will evaluate patients and determine a treatment plan with the resident.

**Evaluation:** Residents and faculty will evaluate the applicable competencies.

**ANTEPARTUM/POSTPARTUM SERVICE:** (Inpatient Service)

Objective: To learn the in-patient management of antepartum obstetrical problems.

Preparation: You should read Complications of Pregnancy in your text book. You are expected to know the patients assigned to you and be ready to give your resident a short presentation on them at prerounds each morning. (Monday through Friday) Morning prerounds may begin at different times depending on the patient census so ask the residents the day before.

Participation: At rounds you are expected to know the patients assigned to you as you will present your patients to your resident and decide on a plan. You will then present your patient in “Attending Rounds” (see schedule). You should participate in the discussions and ask questions to increase your knowledge.

Evaluation: Residents and faculty will evaluate you based on the applicable competencies.

**BOARD ROUNDS:** (Call, L&D and Triage services)

Objective: 1. To acquaint the team with the patients in L&D.  
2. To use patient cases to discuss common problems in antepartum and intrapartum women.

Preparation: Text Book Chapter: Abnormal Labor

Participation: Discussion is usually at the first and second year level which is very appropriate for you. Some material may be over your head so don't hesitate to ask questions. Board Rounds start at 7:00am every day except on Fridays they start at 8:00am.

Evaluation: None.

**CLINIC:**

Objective: To learn routine prenatal care and the out-patient management of antepartum obstetrical problems.

Preparation: Review the Antepartum Care chapter in your text.

Participation: You will attend clinic with your resident. Initially you will go in together to see patients, but as your skills improve, you will go in alone and then come out and present the patient.

Evaluation: Residents and faculty will evaluate the applicable competencies.

## **OB Students—What you should know....**

### **General**

1. Do not leave the hospital w/o asking your resident if they need any further help.
2. No one leaves clinic until every pt has been seen.
3. Don't forget to go to CBCs, but if you're in the middle of a cool case, stay to finish.
4. Do not write on MEDICARE or GA MEDICAID charts w/o talking to the resident 1<sup>st</sup>.
5. EVERY presentation/note should start: "21-yo G2P1001 w/ IUP @ 12 weeks 1 day by LMP/6 week U/S..."
6. Do not do any pelvic exam/cervix check w/o a resident.
7. **The more you become a part of the team, the more fun stuff you will get to do.**

### **AP/PP**

1. You are expected to pre-round on patients and present at formal rounds with MFM attending every day; plan to arrive at Shands by 5am every morning to pre-round with your resident.
2. Ask the interns the night before which pt(s) they want you to round on.
3. Our Department does not allow medical students to document in EPIC; so when you round on pts have a notebook and write a SOAP note to present to the intern to go over the plan and your findings on exam
4. Finish your AP SOAP note by ~5:45 a.m. so you have time to run it by the intern.
5. AP SOAP note includes: subjective: (ctxns, vaginal bleeding, fluid leaking, baby moving, plus anything relevant to major indication for hospital stay)

Objective: Vitals pertinent to indication for hosp stay or any

abnormals

Brief physical (general, heart, lungs, abd, ext)

A/P: model on previous day but with any updates of things that

have changed

6. Make a copy of the H&P for the AP pt you present and your SOAP note to present during AP rounds.
7. During AP rounds, present the ENTIRE H&P for all new admissions or if the MFM attending is new; then present the hospital course up until that point and then any overnight events.
8. On any pt's who have abnormal BPs, document EVERY BP in your SOAP note over the past 24h period.
9. On PP, all pts need to be seen by a resident; ask your intern what patients they want you to see, make sure to ask patients if they are breastfeeding and what contraception they are interested in, palpate the abdomen to feel for a firm uterine fundus; do not remove bandages or examine wounds without your PGY-1 giving specific instructions to do this.

### **L&D/TRIAGE**

1. Arrive to the Board at 7 a.m. for check out every day except Fridays, when checkout is at 8 a.m.
2. Laboring pts need notes q2h—look over notes in EPIC and discuss problems or abnormalities in the labor curve with your resident; never check a patient's cervix without your resident.
3. L&D soap notes Subjective:  
Objective: AVSS (or specifics if anything abnormal)  
Toco: (rate of contractions, level of pit, MVUs)  
FHTs: (baseline, variability, accels, decels)  
Cvx: (dilation, effacement, station, consistency, position)  
A/P: only labor and postpartum care related things



4. When you hear overheads for “Doctor to room...” GO!
5. We will give you deliveries, but if the s\*^% hits the fan, move out of the way so the resident can get the baby out.
6. In Triage, use the old paper form to document; then present to the resident and do the exam with the resident; do not perform any pelvic exams without resident present. Don't forget to document:
  - a. Review of Systems
  - b. Review of old medical records
  - c. Reason for visit
  - d. Diagnoses

### **Clinic**

1. any patient on any hallway is fair game for you to see
2. if you've started to see a patient, you can review that case with any resident you see
3. if you see residents busy and you don't have anything to do, ask if there's something you can help with

### **General Topics to Read**

1. Normal labor and delivery.
2. Preeclampsia/pregnancy-induced HTN.
3. DM in pregnancy/gestational DM.
4. Preterm labor.
5. Premature rupture of membranes.
6. PP management.
7. Birth control options and contraindications (breast feeding, med problems, etc).

## **STUDENT RESPONSIBILITIES ON THE JACKSONVILLE GYN SERVICE**

### **INPATIENT SERVICE** (GYN, Tumor, and Urogynecology)

Objective: To learn the inpatient management of gynecologic conditions.

Preparation: You are expected to know the gynecology patients assigned to you and assist the residents in constructing an electronic note on them each morning, Monday – Friday. Rounds may begin at different times depending on patient census so ask the residents the day before.

Participation: As you round with the senior residents and attending you may be expected to present your patients. You should participate in the discussions and ask questions to increase your knowledge.

Evaluation: Resident and attending physicians will evaluate your ability to do a focused history and physical exam, and develop a differential diagnosis and plan.

### **CLINIC SERVICE**

Objective: To learn outpatient management of gynecologic conditions in the clinics staffed by resident and attending physicians.

Preparation: Read on the topic for a specialty clinic – pre-invasive diseases, colposcopy, tumor, urogyn, basic endocrinology.

Participation: You will be assigned to a clinic where you will assist residents in evaluating and caring for gynecologic and occasionally obstetrical patients. As your skills increase you will be given more responsibility. Your schedule is included in this packet.

Evaluation: Resident and attending physicians will evaluate your ability to do a focused history and physical exam, and develop a differential diagnosis and treatment plan.

### **GYN OPERATING ROOM:**

Objective: To observe and participate in major and minor gyn procedures.

Preparation: Read about the gyn procedures the day/night before the scheduled surgery.

Participation: There are often two major cases and one minor (ambulatory) case running simultaneously. You should assign cases among yourselves the evening before surgery. Contact the GYN Chief resident for the surgery schedule. Make every effort to observe/scrub in different procedures.

Evaluation: Faculty and residents may incorporate your participation into their evaluation of your clerkship performance.

## **GYN Students — What you should know....**

### **General**

8. Do not leave the hospital w/o asking your resident if they need any further help.
9. No one leaves clinic until every pt has been seen.
10. Don't forget to go to CBCs, but if you're in the middle of a cool case, stay to finish.
11. Do not do any pelvic exam/cervix check w/o a resident.
12. Ask the residents the night before which pt(s) they want you to round on or pre-op.
13. Finish your Presentation/SOAP note at least 15 minutes before rounds so you have time to run it by the resident (The world of electronics is tricky, however you are still required to know, evaluate, and present a daily note for your patients).
14. Make a copy of the pt you're presenting's H&P and your Presentation/SOAP note to present during rounds.
15. If there are no "gyn" things going on, take advantage of the opportunity to do read about GYN topics. Hot topics for your shelf exam include: Amenorrhea, Abnormal Uterine bleeding, Ectopic pregnancies, Incontinence issues, birth control, STDs, cancer basics).
16. **The more you become a part of the team, the more fun stuff you will get to do.**

### **General OR Tips**

7. Introduce yourself to patients you will be operating on. Perform a limited exam to present to the resident.
8. Post-op evaluation will be due ~4-6 hours after end of case for all inpatient surgeries. Your resident will likely ask you to evaluate the patient and report findings.
9. If you're in the OR, please introduce yourself to the ATTENDING and OR STAFF. Offer to get your own gloves and gown. Ask how you can be useful to move the patient and keep busy.
10. If you don't understand part of the surgery, ask.
11. If you feel like passing out, take a break but then come back. Even attendings pass out some times, it doesn't mean surgery's not for you.
12. Only 1 student at a time should scrub. If you are not in the OR or in clinic, use the time to read.

### **ER recheck**

10. This service is responsible for all floor/ER consults and inpatients admitted through the ER.
11. Offer to return pages or get the paper work of a consult started.
12. You may be asked by the consult resident to evaluate and perform a physical exam prior to his/her evaluation and report back.
13. Keep up with your resident. They are pulled in many directions and it's easy for you to get lost!

### **ONC**

1. These are big gun attendings. You would do well to read ahead when scrubbing with Dr. Smith or Dr. Benrubi.
2. Know your patients, know your patients, know your patients. Name, Age, Staging (and what this staging means), initial treatments, chemo therapy, and follow up of this type of cancer
3. Attempt to form a relationship with the patients. They are sick and your time means a lot to them.

### **URO/GYN**

1. Only 1 student at a time should scrub.
2. Same applies to GYN OR
3. Resident is only at Shands a few days a week, other days you are with benign gyn team.

### **Clinic**

4. any patient on any hallway is fair game for you to see
5. if you've started to see a patient, you can review that case with any resident you see
6. if you see residents busy and you don't have anything to do, ask if there's something you can help with

## **General Topics to Read**

8. Dysmenorrhea / Pelvic Pain
9. Birth control options and contraindications (breast feeding, med problems, etc).
10. Dysfunctional Uterine Bleeding (DUB)
11. Fibroids
12. Ovarian, Endometrial, Cervical Cancers (and HPV)
13. Pelvic Inflammatory Disease
14. Incontinence

## **Remember that all electronics were preceded by paper notes!!!**

**You are still learning. These are the important aspects of these evaluations and documentation.**

## **Pre-op Note**

If previous H&P more than 30 days old, need to do full H&P

S: major complaint inciting need for surgery

O: vitals

Brief exam including general, heart, lungs, abd (with scars), ext

Hgb, and any other labs or imaging related to perioperative morbidity

A/P: 31yo G3P3 with symptomatic pelvic organ prolapse for TVH with A & P repair.

Risks, benefits, alternatives discussed. Consents signed.

Plan for ovaries.

## **Op Note**

Pre-Op Dx:

Post-Op Dx:

Procedure:

Attending:

Residents:

Anesthesia:

IVF:

UOP:

EBL:

Findings:

Specimen:

Complications:

Drains:

Disposition:

## **Post-Op Note**

S: ?pain control, ?voiding, ?ambulating, ? flatus, ?diet

O: vitals

Brief physical including general, heart, lungs, abd (bowel sounds, tenderness), incision (undo dressing POD#1 and leave it undone until resident has seen it), ext (focus on signs of DVT, document SCDs)

Urine output and post op hgb

A/P: 31yo G3P2 POD#1 s/p TAH/BSO LOA for fibroids

1. post op -> doing well, d/c foley, ambulate, incentive spirometry, d/c PCA, advance diet
2. htn -> will restart po meds
3. anemia -> asx, will transfuse if necessary

University of Florida  
College of Medicine - *Jacksonville*  
3rd Year Medical Student Ob-Gyn Clerkship  
Division of Gynecologic Oncology  
Authors: Karl Smith, MD  
John Martino, MS3

### **What is Gynecologic Oncology (Gyn-Onc)?**

Gynecologic Oncology is a subspecialty of Ob-Gyn. The other two Ob-Gyn subspecialties are Maternal Fetal Medicine (High risk Obstetrics, MFM) and Reproductive Medicine (Endocrine and Infertility). Certification in Gyn-Onc requires training and board certification in Ob-Gyn and then 2-4 years of fellowship training in Gyn-Onc. Gynecology Oncologists are involved in the diagnosis, staging, treatment and follow-up of women with cancer of the female reproductive tract. Gynecology Oncologists manage new cancers, recurrences, complications, and end of life care. Unlike other oncology disciplines, Gyn-Onc deals with all treatment modalities in a specialized area rather one modality for the entire body such as Medical Oncology and Radiation Oncology. Gynecology Oncologists are versed in surgery, radiation therapy, and chemotherapy. Most Gynecology Oncologists do not manage breast cancer.

### **What we expect in a week on the Gynecologic Oncology Service:**

At the end of this week you should know what diseases are managed by Gyn-Onc and have some familiarity with gynecology cancer diagnosis, staging, and treatment. Regardless of what area of medicine you eventually go into, we want you to know who to call if you encounter a patient with a suspected gynecology cancer problem. We do not expect you to become an expert in gynecology cancer, but as a result of your experience, we do expect you to become a better physician.

### **Attendings and Residents on the service:**

Division Director: Karl Smith, MD  
Gynecology Oncologist and Ob-Gyn Department Chairman: Guy Benrubi, MD  
Gyn-Onc Chief Resident: PGY4  
Gyn-Onc 2<sup>nd</sup> Year Resident: PGY2

### **Key places at Shands Jacksonville:**

- 3 South - Nursing Unit where most Gyn-Onc patients will be located
- ACC 3<sup>rd</sup> Floor – Clinic location
  - Gyn-Onc clinic meetings are on Thursday 8:30 a.m. until finished (usually about 12:30 p.m.)
  - See patients with a 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> year resident and present to attending
- Operating Rooms
  - Main OR – Main hospital building, 2<sup>nd</sup> Floor; Tuesday & Friday are Main OR days for Oncology
  - Outpatient Surgery Center (OSC) – LRC Building (Faculty Clinic, 1<sup>st</sup> Floor)

## **Learning Objectives:**

### Common Gynecologic Cancers –

- Cervical
  - Be able to recognize normal from abnormal cervix
  - Understand importance of HPV
  - Evaluation of abnormal Pap smears
  - Diagnosis and treatment of cervical dysplasia (cervical intraepithelial neoplasia)
  - Diagnosis, staging and treatment of invasive cervical cancer
  
- Endometrial
  - Who is at risk?
  - Evaluation of postmenopausal uterine bleeding
  - Management of endometrial hyperplasia
  - Diagnosis, staging and treatment of endometrial cancer
  
- Ovarian
  - Know basic types (epithelial, stromal and germ cell)
  - Who is at risk?
  - Understand evaluation process for pelvic masses
  - Diagnosis, staging and treatment of epithelial ovarian cancer
  
- Vulvar
  - Be able to recognize normal from abnormal appearing vulva
  - Recognize the vulvar inflammation from neoplasia
  - Recognize need for vulvar biopsy
  - Diagnosis and treatment of vulvar dysplasia
  - Diagnosis, staging and treatment of vulvar squamous cancer

### Less Common Gynecologic Cancers –

- Vaginal
  
- Fallopian tube
  
- Trophoblastic Disease
  - Gestational
  - Non-Gestational

### Other Cancers of Special interest to Gyn-Onc –

- Breast
  
- Colon

### Treatment Modalities –

- Surgery
- Radiation therapy
  - External beam (teletherapy)
  - Intracavitary (brachytherapy)
- Chemotherapy
  - Cytotoxic
  - Hormone therapy
  - Immunotherapy

### Special Issues –

- Learn pelvic anatomy
- Symptom management
  - Pain
  - Nausea and vomiting
  - Chronic fatigue
  - Clinical depression
  - Diminished activity
- Associated medical problems
  - COPD
  - Heart disease
  - Hypertension
  - Diabetes Mellitus
  - Obesity
  - HIV
  - Others
- Social issues
  - Lack of funding
  - Lack of housing
  - Lack of transportation
  - Non-Compliance

## Guide to Free References for Gyn-Onc Students

- 1. AccessMedicine by McGraw-Hill –**  
<http://www.library.health.ufl.edu/>, <http://www.uflib.ufl.edu/ufproxy.html>  
This website has dozens of McGraw-Hill’s textbooks available online for free through the University of Florida Health Sciences Library website. The second link above is to the Off-Campus Proxy access, which can be utilized through the Gatorlink username and password (what you sign into UF Webmail with). Once on the Health Sciences Library website, the “Databases” list can be accessed to view the numerous databases available through UF. This is where access to PubMed, Clinical Pharmacology, UpToDate (which is not On Campus Only), and MD Consult can be found. In the scroll bar on the bottom half of the screen, click on AccessMedicine, which is the fourth database listed. This takes you to the AccessMedicine homepage. There are multiple tabs at the top of the page that allow access to textbooks from many disciplines, pathology images, procedure videos, case files, explanations of different diagnostic tests, and even Board Review material.
- 2. New England Journal of Medicine, Procedure Videos –**  
<http://content.nejm.org/>  
The NEJM has approximately 20 excellent basic procedure videos available that are central to medical care. The videos can be accessed by scrolling down to the “NEJM Audio and Video” box on the right hand side of the screen. Clicking on “More Procedure Videos” will enable access to the downloadable videos. The NEJM website has many other excellent resources available for free.
- 3. American College of Surgeons, Division of Education –**  
<http://elearning.facs.org/login/index.php/>  
This is an excellent site for medical students and first year residents to learn basic surgical skills such as knot tying and use of basic surgical instruments. It has nice videos that are divided into three different phases depending on your skill and knowledge level. It requires a free registration. On the homepage, click on “Create new account” on the right half of the screen. Once registered, click on the phase you wish to review, and then proceed through the videos listed.
- 4. National Comprehensive Cancer Network –**  
<http://www.NCCN.org/>  
This is an excellent online resource for clinical practice guidelines for many different types of cancer. It presents information on cancers in an easy to follow format that includes clinical presentation, treatment options (surgical and medical), recurrence probabilities, staging information, and discussions. It requires a free registration. On the NCCN homepage, the Clinical Practice Guidelines can be accessed by clicking on “NCCN Clinical Practice Guidelines in Oncology” under the “Clinical Recommendations” column on the bottom half of the page. The documents can be downloaded and/or printed from the website.
- 5. Atlas of Pelvic Surgery –**  
<http://www.altasofpelvicsurgery.com/>  
This is Cliff Wheelis’s gynecologic surgery book online. It has excellent diagrams and step-by-step approaches to numerous surgeries. All students on their Gynecology or Gynecology-Onc rotation should review these procedures prior to seeing them in the OR.
- 6. ASCCP Colposcopy Course –**  
<ASCCP Colposcopy Course.doc>  
This is a course prepared by the American Society for Colposcopy and Cervical Pathology that provides a quick guide to cervical anatomy, histology, and pathology. It also provides a guide to colposcopy, which should be reviewed before seeing patients in the Colposcopy Clinic.
- 7. Understanding Risks of Ovarian Cancer Pamphlet –**  
[http://www.wcn.org/downloads/Understanding\\_Risk\\_of\\_Ovarian\\_Cancer.pdf/](http://www.wcn.org/downloads/Understanding_Risk_of_Ovarian_Cancer.pdf/)  
[Understanding\\_Risk\\_of\\_Ovarian\\_Cancer.pdf](Understanding_Risk_of_Ovarian_Cancer.pdf)  
This pamphlet is an excellent guide to identifying the risk of hereditary gynecologic cancers. It is provided by the Gynecologic Cancer Foundation.



# CHECK-OUT POLICY AND PROCEDURES

1. STUDENTS WILL TURN IN THE FOLLOWING TO KAREN BARQUERO:
  - 1) OB/GYN PAPER EVALUATION FORM
  - 2) CLINIC ACCESS CARD
  - 3) PAGER
  
3. ALL OF THE ITEMS ABOVE ARE TO BE RETURNED TO THE STUDENT COORDINATOR OF THE DEPARTMENT YOU ROTATED IN AT THE END OF EACH ROTATION UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

Student Coordinator Hours are 8:00am-4:30pm M-F

**\*\*COLLEGE OF MEDICINE STUDENTS: FAILURE TO PROPERLY CHECK OUT WILL RESULT IN GRADES AND EVALUATIONS BEING WITHHELD.**