OB/GYN Pre-Rounding

Must Cover:
- Content of SOAP presentation- ask them to list these so you have an idea of where they are
- Where to find necessary information for pre-rounding, following a template
- Have them go through pre-rounding process with the practice patient
- Video Visits: [https://www.youtube.com/watch?v=5kbKdwe_6CU&feature=emb_title](https://www.youtube.com/watch?v=5kbKdwe_6CU&feature=emb_title)
  - Depending on how much time you have, you can show this video
  - Please also be sure to put the link in the chat for students to access at a later time

General Session Outline:
5 min- introduce yourself, give them a quick outline of what you'll be doing
10 min- Log into Practice Environment (have them do this with you so that they can follow along in your explanations)-
15 min- demonstrate useful tabs following a pre-rounding template (here) as a guide
30 min- students practice pre-rounding on a specific patient
15 min- Either in groups or as a larger group, practice translating pre-rounding into a presentation
  Can use breakout rooms vs. larger group

Login: try to have students use different usernames within the range listed below (it will still work if some students use the same log-in but I don’t want it to crash if everyone uses the same username)
- **Track D**: MEDSTU56→ MEDSTU70 (ie- MEDSTU56 or MEDSTU57… or MEDSTU70)
- **Track E1**: MEDSTU71→ MEDSTU80 (ie- MEDSTU71 or MEDSTU72… or MEDSTU80)
- Password is **train** for all login

#1- Review L&D: Note the Greaseboard in the Practice Environment is not great, but they can at least get the feel for it
- If you click: Labor/Ante/PP Readmit, it is a little bit better
  - Yellow= Laboring
  - Blue= Postpartum
  - Red= Antepartum
- Cervical Exam: can help you understand how far into labor patients are
- ROM= amount of time since rupture of membrane
- Sometimes the residents will put relevant info in the Notes section

SIGN OUT:
1. Click “Show Report”
2. Find IP Handoff
3. Rounding Notes/Team To-do
   a. One liner, relevant pregnancy complications, PMH/PSH, Pregnancy specific notes
4. On Call To-Do list
   a. Sterile vaginal exam, dilation/%effacement/Station, timeline of events (when pit was given, etc)
5. Residents can show how to update these (mostly updating “On-Call To Do list”)

SURGICAL SERVICES
Patient to use: Achilles, PostGloria
- Be sure to go to “lists” and search all admitted patients (you must be in the current admission to view all the flowsheet data)

Pre-Rounding: Feel free to add to this if you know any tricks that are not included!
1. Go through where to find each piece of information
2. Students will “pre-round”
   ● After they have collected information, give them the sign out, physical exam
   ● They should attempt an assessment and plan (although this is not the focus)

ONE LINER:

Patient XX is a XX year old woman who is postop day XX following (operation) for (diagnosis) by Dr. XX.

   ● Look at Operative Note for exact procedure (NOTE: Operative note is written by “Dermatology”)

SUBJECTIVE:

● Overnight events
  ○ Nursing Notes
  ○ Sign Out: from residents, some rotations have a sign out page (IP Extended Handoff), some send an email
  ○ MAR- did they get meds for overnight events?
  ○ Talk to patient
    ■ Pain, BM/Passing gas, etc

OBJECTIVE:

● Vitals: Adult IP Flowsheet, IP Vitals, IP Vitals Graph
● I/Os: IP Flowsheet, I/O
  ○ Mentions that some pts will have drains and/or NG tubes, so talk about how to report that x, back, x, back, x
● PE: obviously they have to see the patient
● Labs: Results review
● Imaging: Results review, Chart Review→ Radiology

ASSESSMENT:

● Remind them that this should be more than repeating the one liner!

PLAN:

● Make sure they know this is by SYSTEM
● Should know what meds the patient is getting (IP MAR)

INFO THEY WILL NOT FIND IN CHART

Sign Out:

● NAEON
● Pain is well controlled
● Passing gas, no BM yet
PE:
  ● If time, have them tell you which exam findings they would look for on the patient/which are relevant
  ● Findings (feel free to add or subtract as you see fit):
    Gen: Sitting in bed.
    HEENT: NCAT. MMM. OP clear.
    Neck: Supple. No LAD.
    Chest: CTAB
    Heart: Normal rate and rhythm, no murmurs.
    Abd: Soft. Non-tender, non-distended. No rebound or guarding. BS present. Port sites clean, dry and intact
    Ext: No edema. 2+ peripheral pulses.
    Neuro: Awake, alert. No focal deficits noted.

Additional things you could cover if time allows:
  ● How to steal a template from other people
  ● Notes- how to start/share
  ● Wrench in specialty specific important tabs in MiChart (not the practice environment)
    ○ Purpose: this will allow students to make changes in their own MiChart (so that they stick) without breaking HIPAA
    ○ INSTRUCTIONS
  ● Answer as many questions as you want to about clerkship year in general, if you don’t have time, let them know that they can contact their track advisors.