## **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: <u>https://www.youtube.com/watch?v=5kbKdwe\_6CU&feature=emb\_title</u>
  - 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

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- 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:

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- 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)

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**<u>Pre-Rounding</u>**: 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.