

美国医学院校经典实习辅导丛书

妇产科实习指南 (第二版)

FIRST AID FOR THE[®] OBSTETRICS & GYNECOLOGY CLERKSHIP

LATHA G. STEAD ◆ S. MATTHEW STEAD
MATTHEW S. KAUFMAN ◆ LUIS F. SUAREZ

2nd Edition

A Student-to-Student Guide

- ▶ Your Ob/Gyn clerkship survival manual
- ▶ Hundreds of high-yield facts, mnemonics, tables, and illustrations
- ▶ Exam tips, ward tips, and typical scenario boxes help you excel on the wards and the shelf exam
- ▶ Includes tear-out cards to keep essential information at hand



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本书特点

1. 本书从实习者的角度出发，开创Student-to-Student的辅导形式
2. 内容精炼，直击临床实习要点和难点
3. 本书英文简单、易懂，可以同时用作提高医学英文水平



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妇产科实习指南 (第二版)

FIRST AID FOR THE® OBSTETRICS & GYNECOLOGY CLERKSHIP

2nd Edition

A Student-to-Student Guide

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内 容 提 要

本书是美国畅销的临床实习系列参考用书之一，由McGraw-Hill公司出版。内容包括妇科和产科实习时常见疾病的介绍、诊断与治疗。此外，本书还介绍了全美各种妇产科医学奖学金及申请方法。全书采用Student-to-Student的形式，所有内容皆经过临床实习的医生、学生的总结，非常精练、实用，能够切实地帮助医学生的临床实习。

本书适用于医学院校在校学生以及临床医生。

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INTRODUCTION

This clinical study aid was designed in the tradition of the *First Aid* series of books, formatted in the same way as the other titles in this series. Topics are listed by bold headings to the left, while the “meat” of the topic comprises the middle column. The outside margins contain mnemonics, diagrams, summary or warning statements, “pearls,” and other memory aids. These are further classified as “exam tip” noted by the  symbol, “ward tip” noted by the  symbol, and “typical scenario” noted by the  symbol.

The content of this book is based on the American Professors of Gynecology and Obstetrics (APGO) and the American College of Obstetricians and Gynecologists (ACOG) recommendations for the OB/GYN curriculum for third-year medical students. Each of the chapters contain the major topics central to the practice of obstetrics and gynecology and closely parallel APGO’s medical student learning objectives. This book also targets the obstetrics and gynecology content on the USMLE Step 2 examination.

The OB/GYN clerkship can be an exciting hands-on experience. You will get to deliver babies, assist in surgeries, and see patients in the clinic setting. You will find that rather than simply preparing you for the success on the clerkship exam, this book will also help guide you in the clinical diagnosis and treatment of the many interesting problems you will see during your obstetrics and gynecology rotation.

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HOW TO CONTRIBUTE

To continue to produce a high-yield review source for the obstetrics and gynecology clerkship, you are invited to submit any suggestions or correction. Please send us your suggestions for:

- New facts, mnemonics, diagrams, and illustrations
- Low-yield facts to remove

For each entry incorporated into the next edition, you will receive personal acknowledgment. Diagrams, tables, partial entries, updates, corrections, and study hints are also appreciated, and significant contributions will be compensated at the discretion of the authors. Also let us know about material in this edition that you feel is low yield and should be deleted. You are also welcome to send general comments and feedback, although due to the volume of e-mails, we may not be able to respond to each of these.

The **preferred way** to submit entries, suggestions, or corrections is via **electronic mail**. Please include name, address, school affiliation, phone number, and e-mail address (if different from the address of origin). If there are multiple entries, please consolidate into a single e-mail or file attachment. Please send submissions to:

firstaidclerkships@gmail.com

Otherwise, please send entries, neatly written or typed or on disk (Microsoft Word) to:

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SECTION I

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Be on Time

Most OB/GYN teams begin rounding between 6 and 7 A.M. If you are expected to “pre-round,” you should give yourself at least 10 minutes per patient that you are following to see the patient and learn about the events that occurred overnight. Like all working professionals, you will face occasional obstacles to punctuality, but make sure this is occasional. When you first start a rotation, try to show up at least 15 minutes early until you get the routine figured out.

Dress in a Professional Manner

Even if the resident wears scrubs and the attending wears stiletto heels, you must dress in a professional, conservative manner. Wear a *short* white coat over your clothes unless discouraged (as in pediatrics).

Men should wear long pants, with cuffs covering the ankle, a long collared shirt, and a tie. No jeans, no sneakers, no short-sleeved shirts.

Women should wear long pants or knee-length skirt, blouse or dressy sweater. No jeans, no sneakers, no heels greater than 1½ inches, no open-toed shoes.

Both men and women may wear scrubs occasionally, during overnight call or in the operating room or birthing ward. Do not make this your uniform.

Act in a Pleasant Manner

The rotation is often difficult, stressful, and tiring. You will have a smoother experience if you are nice to be around. Smile a lot and learn everyone’s name. If you do not understand or disagree with a treatment plan or diagnosis, do not “challenge.” Instead, say “I’m sorry, I don’t quite understand, could you please explain . . .”

Try to look interested to attendings and residents. Sometimes this stuff is boring, or sometimes you’re not in the mood. However, when someone is trying to teach you something, look grateful and not tortured.

Always treat patients professionally and with respect. This is crucial to practicing good medicine, but on a less important level if a resident or attending spots you being impolite or unprofessional, it will damage your grade and evaluation quicker than any dumb answer on rounds ever could. And be nice to the nurses. Really nice. Learn names; bring back pens and food from pharmaceutical lunches and give them out. If they like you, they can make your life a lot easier and make you look good in front of the residents and attendings.

Be Aware of the Hierarchy

The way in which this will affect you will vary from hospital to hospital and team to team, but it is always present to some degree. In general, address your questions regarding ward functioning to interns or residents. Address your medical questions to attendings; make an effort to be somewhat informed on

your subject prior to asking attendings medical questions. But please don't ask a question just to transparently show off what you know. It's annoying to everyone. Show off by seeming interested and asking real questions that you have when they come up.

Address Patients and Staff in a Respectful Way

Address patients as Sir or Ma'am, or Mr., Mrs., or Miss. Try not to address patients as "honey," "sweetie," and the like. Although you may feel these names are friendly, patients will think you have forgotten their name, that you are being inappropriately familiar, or both. Address all physicians as "doctor," unless told otherwise.

Be Helpful to Your Residents

Being helpful involves taking responsibility for patients that you've been assigned to, and even for some that you haven't. If you've been assigned to a patient, know everything there is to know about her, her history, test results, details about her medical problems, and prognosis. Keep your interns or residents informed of new developments that they might not be aware of, and ask them for any updates as well.

If you have the opportunity to make a resident look good, take it. If some new complication comes up with a patient, tell the resident about it before the attending gets a chance to grill the resident on it. And don't hesitate to give credit to a resident for some great teaching in front of an attending. These things make the resident's life easier, and he or she will be grateful and the rewards will come your way.

Volunteer to do things that will help out. So what if you have to run to the lab to follow up on a stat H&H? It helps everybody out, and it is appreciated. Observe and anticipate. If a resident is always hunting around for some tape to do a dressing change every time you round on a particular patient, get some tape ahead of time.

Respect Patients' Rights

1. All patients have the right to have their personal medical information kept private. This means do not discuss the patient's information with family members without that patient's consent and do not discuss any patient in hallways, elevators, or cafeterias.
2. All patients have the right to refuse treatment. This means they can refuse treatment by a specific individual (you, the medical student) or of a specific type (Pap smear). Patients can even refuse lifesaving treatment. The only exceptions to this rule are a patient who is deemed to not have the capacity to make decisions or understand situations—in which case a health care proxy should be sought—or a patient who is suicidal or homicidal.
3. All patients should be informed of the right to seek advanced directives on admission. This is often done by the admissions staff, in a booklet. If your patient is chronically ill or has a life-threatening illness, address the subject of advance directives with the assistance of your attending.

Volunteer More

Be self-propelled. Volunteer to help with a procedure or a difficult task. Volunteer to give a talk on a topic of your choice. Ask your resident about the length and timing of the talk. Volunteer to take additional patients. Volunteer to stay late. The more unpleasant the task, the better.

Be a Team Player

Help other medical students with their tasks; teach them information you have learned. Support your supervising intern or resident whenever possible. Never steal the spotlight, steal a procedure, or make a fellow medical student look bad.

Be Honest

If you don't understand, don't know, or didn't do it, make sure you always say that. Never say or document information that is false (for example, don't say "bowel sounds normal" when you did not listen).

Keep Patient Information Handy

Use a clipboard, notebook, or index cards to keep patient information, including a miniature history and physical, lab, and test results at hand.

Present Patient Information in an Organized Manner

Here is a template for the "bullet" presentation:

"This is a [age]-year-old [gender] with a history of [major history such as abdominal surgery, pertinent OB/GYN history] who presented on [date] with [major symptoms, such as pelvic pain, fever], and was found to have [working diagnosis]. [Tests done] showed [results]. Yesterday the patient [state important changes, new plan, new tests, new medications]. This morning the patient feels [state the patient's words], and the physical exam is significant for [state major findings]. Plan is [state plan].

The newly admitted patient generally deserves a longer presentation following the complete history and physical format (see below).

Some patients have extensive histories. The whole history can and probably should be present in the admission note, but in ward presentation it is often too much to absorb. In these cases, it will be very much appreciated by your team if you can generate a good summary that maintains an accurate picture of the patient. This usually takes some thought, but it's worth it.

Document Information in an Organized Manner

A complete medical student initial history and physical is neat, legible, organized, and usually two to three pages long (see page 7).

HOW TO ORGANIZE YOUR LEARNING

The main advantage to doing the OB/GYN clerkship is that you get to see patients. The patient is the key to learning and the source of most satisfaction and frustration on the wards. One enormously helpful tip is to try to skim this book before starting your rotation. Starting OB/GYN can make you feel like you're in a foreign land, and all that studying the first two years doesn't help much. You have to start from scratch in some ways, and it will help enormously if you can skim through this book before you start. Get some of the terminology straight, get some of the major points down, and it won't seem so strange.

Select Your Study Material

We recommend:

- This review book, *First Aid for the® Obstetrics & Gynecology Clerkship*, 2nd edition
- A full-text online journal database, such as www.mdconsult.com (subscription is \$99/year for students)
- A small pocket reference book to look up lab values, clinical pathways, and the like, such as *Maxwell Quick Medical Reference* (ISBN 0964519119, \$7)
- A small book to look up drugs, such as *Pocket Pharmacopoeia* (Tarascon Publishers, \$8)

As You See Patients, Note Their Major Symptoms and Diagnosis for Review

Your reading on the symptom-based topics above should be done with a specific patient in mind. For example, if a postmenopausal patient comes to the office with increasing abdominal girth and is thought to have ovarian cancer, read about ovarian cancer in the review book that night.

Prepare a Talk on a Topic

You may be asked to give a small talk once or twice during your rotation. If not, you should volunteer! Feel free to choose a topic that is on your list; however, realize that this may be considered dull by the people who hear the lecture. The ideal topic is slightly uncommon but not rare. To prepare a talk on a topic, read about it in a major textbook and a review article not more than two years old, and then search online or in the library for recent developments or changes in treatment.

HOW TO PREPARE FOR THE CLINICAL CLERKSHIP AND USMLE STEP 2 EXAM

If you have read about your core illnesses and core symptoms, you will know a great deal about medicine. To study for the clerkship exam, we recommend:

2–3 weeks before exam: Read this entire review book, taking notes.

10 days before exam: Read the notes you took during the rotation on your core content list and the corresponding review book sections.

5 days before exam: Read this entire review book, concentrating on lists and mnemonics.

2 days before exam: Exercise, eat well, skim the book, and go to bed early.

1 day before exam: Exercise, eat well, review your notes and the mnemonics, and go to bed on time. Do not have any caffeine after 2 P.M.

Other helpful studying strategies include:

Study with Friends

Group studying can be very helpful. Other people may point out areas that you have not studied enough and may help you focus on the goal. If you tend to get distracted by other people in the room, limit this to less than half of your study time.

Study in a Bright Room

Find the room in your house or in your library that has the best, brightest light. This will help prevent you from falling asleep. If you don't have a bright light, get a halogen desk lamp or a light that simulates sunlight (not a tanning lamp).

Eat Light, Balanced Meals

Make sure your meals are balanced, with lean protein, fruits and vegetables, and fiber. A high-sugar, high-carbohydrate meal will give you an initial burst of energy for 1–2 hours, but then you'll drop.

Take Practice Exams

The point of practice exams is not so much the content that is contained in the questions but the training of sitting still for 3 hours and trying to pick the best answer for each and every question.

Tips for Answering Questions

All questions are intended to have one best answer. When answering questions, follow these guidelines:

Read the answers first. For all questions longer than two sentences, reading the answers first can help you sift through the question for the key information.

Look for the words "EXCEPT," "MOST," "LEAST," "NOT," "BEST," "WORST," "TRUE," "FALSE," "CORRECT," "INCORRECT," "ALWAYS," and "NEVER." If you find one of these words, circle or underline it for later comparison with the answer.

Evaluate each answer as being either true or false. Example:

Which of the following is *least* likely to be associated with pelvic pain?

A. endometriosis T

B. ectopic pregnancy T