



RESIDENT READINESS™

美国住院医师必读系列

Obstetrics and Gynecology

妇产科住院医师 病例分析与讨论

Debra L. Klamen · Edward R. Yeomans

Charlie C. Kilpatrick

- Smooth your transition and be ready for residency
- Case-based approach brings your readiness to the next level
- Targets what you really need to know to care for patients on day one



北京大学医学出版社



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妇产科住院医师 病例分析与讨论

Debra L. Klamen, MD, MHPE

Associate Dean for Education
and Curriculum
Professor and Chair
Department of Medical Education
Southern Illinois University School
of Medicine
Springfield, Illinois

Charlie C. Kilpatrick, MD

Associate Professor
Vice Chairman
Department of Obstetrics and
Gynecology
Texas Tech University Health
Sciences Center
School of Medicine
Lubbock, Texas

Edward R. Yeomans, MD

Professor and Chair
Maternal-Fetal Medicine
Department of Obstetrics and
Gynecology
Texas Tech University Health
Sciences Center
School of Medicine
Lubbock, Texas



北京大学医学出版社

FUCHANKE ZHUYUAN YISHI BINGLI FENXI YU TAOLUN

图书在版编目 (CIP) 数据

妇产科住院医师病例分析与讨论=Obstetrics and gynecology: 英文/(美)克拉门(Klamen, D. L.), (美)约曼斯(Yeomans, E. R.), (美)基尔帕特里克(Kilpatrick, C. C.)编. —北京: 北京大学医学出版社, 2015. 1

(美国住院医师必读系列)

ISBN 978-7-5659-0994-8

I. ①妇… II. ①克… ②约… ③基… III. ①妇产科学-病案-分析-英文 IV. ①R71

中国版本图书馆 CIP 数据核字 (2014) 第 275940 号

北京市版权局著作权合同登记号: 图字 01-2014-6238

Debral L. Klamen, Edward R. Yeomans, Charlie C. Kilpatrick

Resident Readiness™: Obstetrics and Gynecology

ISBN 978-0-07-178043-8

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妇产科住院医师病例分析与讨论 (美国住院医师必读系列)

编 写: Debral L. Klamen, Edward R. Yeomans, Charlie C. Kilpatrick

出版发行: 北京大学医学出版社

地 址: (100191) 北京市海淀区学院路 38 号 北京大学医学部院内

电 话: 发行部 010-82802230; 图书邮购 010-82802495

网 址: <http://www.pumpress.com.cn>

E-mail: booksale@bjmu.edu.cn

印 刷: 北京画中画印刷有限公司

经 销: 新华书店

责任编辑: 冯智勇 责任印制: 李 啸

开 本: 710mm×1000mm 1/16 印张: 22.5 字数: 501 千字

版 次: 2015 年 1 月第 1 版 2015 年 1 月第 1 次印刷

书 号: ISBN 978-7-5659-0994-8

定 价: 88.00 元

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出版说明

Resident Readiness 是美国住院医师必读系列书，深受美国医学院校高年级医学生和住院医师的欢迎。每本书从临床病例入手，通过问题解答、病例复习、专题讨论（诊断与治疗）、记忆要点、理解问题、推荐阅读等环节，提供住院医师“真正需要”的知识和场景，培养临床思维，拓展知识面，提高住院医师的岗位胜任力。

为了借鉴美国住院医师培训经验，提高我国的住院医师规范化培训水平，影印出版了该丛书。该丛书既可作为住院医师规范化培训和 PBL 教学参考用书，也可作为双语教学和留学生教学用书；同时，其原汁原味的英语和美国医院场景，更是学习医学专业英语的好教材。

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Notice

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The authors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the authors nor the publisher nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they disclaim all responsibility for any errors or omissions or for the results obtained from use of the information contained in this work. Readers are encouraged to confirm the information contained herein with other sources. For example and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this work is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.

To my wonderful husband Phil, who loves me and supports me in all things, especially my crazy passion for horses! To my mother, Bonnie Klamen, and to my late father, Sam Klamen, who were, and are, always there.

To my extended family, for their love and understanding. To my students, for keeping me motivated and inspired.—DLK

To all the wonderful medical students I have had the privilege of teaching over the years, your intellectual curiosity inspires me, and most importantly to my amazing wife, Lubna, and my beautiful daughter Maya who together bring joy to my life daily.—CCK

To aspiring obstetrician gynecologists, for whom this book is written, and to my wife, Thuy, for her support.—ERY



ACKNOWLEDGMENTS

The Resident Readiness series evolved from ideas that a talented educator and surgeon, David Rogers, had about preparing senior students interested in going into surgery through a resident readiness course. This course was so successful at Southern Illinois University School of Medicine that it spread to other clerkships, and resident readiness senior electives now exist throughout them. The idea for this book series was born by watching the success of these courses and the interest the senior students have in them. It has been a great joy working with Charlie Kilpatrick and Ed Yeomans, completely devoted physicians who retain their humanity for others and passion for education, as well as with the other contributors to this book. I (DLK) am grateful to the Dean, Dr. Kevin Dorsey, whose dedication to education and innovation allowed me to carve out time in my work to be creative. We are greatly indebted to Catherine Johnson from McGraw-Hill, who helped us make the vision of a resident readiness series a reality. Her support and enthusiasm for the project have been unwavering. Likewise, the production manager on the obstetrics and gynecology resident readiness book, Shaminder Pal Singh, has been completely dedicated to the task and is deserving of much thanks. We would also like to thank the many contributors to this book, whose commitment to medical education undoubtedly led to long nights writing and editing in its service. Lastly we appreciate our spouses' forbearance for the hours we spent in front of the computer at home; their patience and understanding are without match.

Debra L. Klamen



CONTRIBUTORS

Zainab Al-Ibraheemi, MD

Resident

Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas

Chapter 4

Candy Arentz, MD, FACS

Assistant Professor

Department of Surgery
Texas Tech University Health Sciences Center
Lubbock, Texas

Chapter 8

Heidi G. Bell, MD

Assistant Professor

Department of Obstetrics and Gynecology
Brody School of Medicine at East Carolina University
Greenville, North Carolina

Chapters 11, 16

Thomas A. Bowman, MD, MBA

Clinical Assistant Professor

Department of Pediatrics
School of Medicine
Texas Tech University Health Sciences Center
Neonatologist, Pediatrix Medical Group
University Medical Center
Lubbock, Texas

Chapter 31

CONTRIBUTORS

Lubna Chohan, MD

Associate Professor
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapters 2, 9, 12

James E. de Vente, MD, PhD

Associate Professor
Department of Obstetrics and Gynecology
Brody School of Medicine at East Carolina University
Greenville, North Carolina
Chapter 16

Ammar Dhari, MD

Third Year Resident in Training
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
School of Medicine
Lubbock, Texas
Chapter 14

Laura M. Divine, MD

Resident
Department of Obstetrics and Gynecology
University of Alabama at Birmingham
Birmingham, Alabama
Chapter 15

Jacob M. Estes, MD

Associate Professor, Gynecologic Oncology
Department of Obstetrics and Gynecology
University of Alabama at Birmingham
Birmingham, Alabama
Chapter 15

Naghma Farooqi, MD

Associate Professor
Associate Residency Program Director
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapters 41, 46

CONTRIBUTORS

Carol K. Felton, MD, NCMP

Associate Professor
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapter 10

Tana L. Hall, MD, FACOG

Assistant Professor
Department of Obstetrics and Gynecology
Brody School of Medicine at East Carolina University
Greenville, North Carolina
Chapter 11

Jennifer R. Hamm, MD

Assistant Professor
Department of Obstetrics, Gynecology, and Women's Health
University of Louisville
Louisville, Kentucky
Chapter 36

Roxane Holt, MD

Assistant Professor
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapters 18, 34

Jaou-Chen Huang, MD

Professor
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapters 6, 43

Charlie C. Kilpatrick, MD

Associate Professor
Vice Chairman
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
School of Medicine
Lubbock, Texas
Chapters 3, 4, 5, 13, 14, 23, 32, 38, 39, 44, 45

CONTRIBUTORS

Susan M. Leong-Kee, MD

Assistant Professor
Department of Obstetrics and Gynecology
Baylor College of Medicine
Houston, Texas
Chapter 40

Alita K. Loveless, MD

Assistant Professor
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
School of Medicine
Lubbock, Texas
Chapter 30

Elizabeth Melendez, MD, FACOG

Residency Program Director
Department of Obstetrics and Gynecology
Methodist Health Systems/Methodist Dallas Medical Center
Dallas, Texas
Chapter 24

Jonathan Nathan, MD, MBA

General Surgery Resident
Department of Surgery
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapter 8

Keith H. Nelson, MD

Associate Professor
Department of Obstetrics and Gynecology
Brody School of Medicine at East Carolina University
Greenville, North Carolina
Chapter 16

Lydia D. Nightingale, MD, FACOG

Assistant Professor
Department of Obstetrics and Gynecology
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma
Chapter 27

James Marshall Palmer, MD, MS

Assistant Professor
Residency Program Director
Department of Obstetrics and Gynecology
University of South Florida Morsani College of Medicine
Tampa, Florida
Chapter 25

Dana S. Phillips, MD

Associate Professor
Clerkship Director
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapter 37

Fidelma B. Rigby, MD

Associate Professor
Department of Obstetrics and Gynecology
Virginia Commonwealth University, MCV Campus
Richmond, Virginia
Chapter 22

Jennifer L. Rowland, MD

Staff Physician
Department of Obstetrics and Gynecology
Carl R. Darnall Army Medical Center
Fort Hood, Texas
Chapter 1

Katerina Shvartsman, MD

Assistant Professor
Department of Obstetrics and Gynecology
Uniformed Services University of the Health Sciences
Bethesda, Maryland
Chapter 1

Katie M. Smith, MD

Assistant Professor
Department of Obstetrics and Gynecology
College of Medicine
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma
Chapter 42

CONTRIBUTORS

Kristen R. Uquillas, MD

Resident
Department of Obstetrics and Gynecology
New York University Langone Medical Center
New York, New York
Chapter 33

Sarah Mallard Wakefield, MD

Assistant Professor
Department of Psychiatry
Texas Tech University Health Sciences Center
School of Medicine
Lubbock, Texas
Chapter 35

Abigail Ford Winkel, MD

Assistant Professor
Department of Obstetrics and Gynecology
New York University School of Medicine
New York, New York
Chapter 33

Roger B. Yandell, MD

Associate Clinical Professor
Chief of Gynecology
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
Lubbock, Texas
Chapter 7

Edward R. Yeomans, MD

Professor and Chair
Maternal-Fetal Medicine
Department of Obstetrics and Gynecology
Texas Tech University Health Sciences Center
School of Medicine
Lubbock, Texas
Chapters 17, 19, 20, 21, 26, 28, 29, 46



INTRODUCTION

Facing the prospect of an internship is an exciting, and undoubtedly anxiety-provoking, prospect. Four years of medical school, after graduation, culminate in a rapid transition to someone calling you “Doctor” and asking you to give orders and perform procedures without, in many cases, a supervisor standing directly over your shoulder.

This book is organized to help senior medical students dip their toes safely in the water of responsibility and action from the safety of reading cases, without real patients, nurses, families, and supervisors expecting decisive action. The chapters are short, easy to read, and “to the point.” Short vignettes pose an organizing context to valuable issues vital to the function of the new intern. Emphasis on the discussion of these cases is not on extensive basic science background or a review of the literature; it is on practical knowledge that the intern will need to function well in the hospital and ambulatory setting and “hit the ground running.” Many of the cases include questions at the end of them to stimulate further thinking and clinical reasoning in the topic area discussed. References at the end of the cases are resources for further reading as desired.

HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter and is followed by a set of open-ended questions. Open-ended questions are used purposely, since the cued nature of multiple-choice questions will certainly not be available in a clinical setting with real patient involvement. Each case is divided into four parts.

Part 1

1. **Answers** to the questions posed. The student should try to answer the questions after the case vignette before going on to read the case review or other answers, in order to improve his or her clinical acumen, which, after all, is what resident readiness is all about.

INTRODUCTION

2. A **Case Review:** A brief discussion of the case in the vignette will be presented, helping the student understand how an expert would think about, and handle, the specific issues at hand with the particular patient presented.

Part 2

Topic Title followed by **Diagnosis** and **Treatment** discussions: In this section, a more generalized, though still focused and brief, discussion of the general issues brought forward in the case presented will be given. For example, in the case of a patient presenting with a vaginal bulge, the case review might discuss the exact treatment of the patient presented, while this part of the book will discuss, in general, the diagnosis and treatment of pelvic organ prolapse. Of note, not all of the cases in the book will fit entirely into this model, so variations do occur as necessary (for example, in the case of women presenting to the clinic for office procedures).

Part 3

Tips to Remember: These are brief, bullet-pointed notes that are reiterated as a summary of the text, allowing for easy and rapid review, such as when preparing a case presentation to the faculty in rounds.

Part 4

Comprehension Questions: Most cases have several multiple-choice questions that follow at the very end. These serve to reinforce the material presented, and provide a self-assessment mechanism for the student.



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