

# **A Clinical Manual of Gynecology**

**Jeffrey W. Ellis, M.D.**

**Charles R.B. Beckmann, M.D.**

**A Clinical  
Manual of  
Gynecology**

Notice: Our knowledge in the clinical sciences is constantly changing. As new information becomes available, changes in treatment and in the use of drugs become necessary. The author(s) and the publisher of this volume have, as far as it is possible to do so, taken care to make certain that the doses of drugs and schedules of treatment are correct and compatible with the standards generally accepted at the time of publication. The reader is advised to consult carefully the instruction and information material included in the package insert of each drug or therapeutic agent before administration. This advice is especially important when using new or infrequently used drugs.

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# **A Clinical Manual of Gynecology**

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# Preface

The companion books, *A Clinical Manual of Obstetrics* and *A Clinical Manual of Gynecology*, are designed to bridge the gap between the small pocket guidebooks and "core textbooks" and the large reference textbooks, using an outline format for maximum usability and a pocket size to facilitate availability. They will be of use to the many health professionals involved in the care of women, including medical and nursing students, resident physicians in many disciplines (medicine, surgery, emergency medicine, family practice, pediatrics, etc., as well as obstetrics and gynecology), and practicing physicians and nurses. In each chapter we have struck a balance between too much and too little detail — of pathophysiology, differential diagnosis, evaluation, and management — while at the same time including many of the "practical pearls" so useful in daily health care activities but so often left to be "learned by doing." We trust the resulting books are helpful.

We wish to thank our many authors, the excellence of whose contributions provides the basis for these manuals. We also wish to thank our chairmen, John Sciarra at Northwestern University and William Spellacy at the University of Illinois, for their patience and support. Finally, thanks to Marla Ellis for her forbearance during the long hours of editing; Jeannette West for her tireless typing efforts; and Richard Lampert, John Morgan, Elizabeth Stueck, and Richard Warner of Appleton-Century-Crofts for their support and guidance.

Jeffrey W. Ellis  
Charles R.B. Beckmann  
Chicago, Illinois  
December, 1982

# Foreword

This new manual renders an important service in providing readily available, concise, and logically organized information for the busy practitioner involved in the health care of women. The changing mode of clinical practice and the increased expectations of patients dictate that we, as physicians, residents, medical and nursing students, and other health care professionals, are aware of advances in diagnostic and therapeutic procedures, and that we are able to present our planned approach in a clear and understandable manner. Having this manual at our fingertips can aid us in this endeavor.

The material in *A Clinical Manual of Gynecology* is organized and presented in outline form, assuring that the information is easily and rapidly accessible. The chapters are carefully referenced to include both classic and contemporary literature. An important strength of this volume is that the several authors are individuals involved in clinical practice in a variety of institutions, thus, the book provides a national perspective in terms of patient management, not a local or regional point of view.

In addition to giving a comprehensive presentation of the traditional aspects of gynecology, this volume covers a number of important new areas of clinical interest and concern in gynecology: general principles of pre- and post-operative care; a thorough consideration of both surgical and non-surgical alternatives for therapy; a complete listing of indications and contraindications for surgical procedures; a reasonable presentation of the ethical and legal issues involved in abortion, as well as the details of the medical procedures; and a complete discussion of the practical aspects of contraception.

*A Clinical Manual of Gynecology*, with its companion, *A Clinical Manual of Obstetrics*, should prove invaluable as a resource and guide for the practitioner involved in the health care of women.

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# 1

## **The House Officer as Teacher, Learner, and Health Team Manager\***

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### **PRACTICE PRINCIPLES**

A house officer's daily activities often reflect three closely interwoven functions: (1) a responsibility for coordinating patient care services in outpatient and inpatient settings; (2) a continuing need to acquire skills, knowledge, and clinical experience; and (3) a responsibility for supervising the learning of students and more junior house staff. While teaching is an important function of the resident physician, very few are given

*\*This chapter appears in both A Clinical Manual of Obstetrics and A Clinical Manual of Gynecology.*



formal training in this area. This chapter will outline some of the instructional techniques that can be used in clinical settings.

- A. House staff generally are involved in informal, task-oriented teaching. Most time with students is spent in operating rooms, labor and delivery rooms, clinics, ward work, and rounds.<sup>1</sup>
- B. A number of factors have been identified as contributing to effective teaching in clinical settings.<sup>2,3</sup> These will not be discussed in order of priority. All appear to be important in creating an environment where learning can occur.
- C. Throughout this discussion, the term "student" will be used to refer to any learners for whom the house officer has responsibility. These may include medical students in an Ob-Gyn clerkship, more advanced medical students in specialty rotations, or junior house staff in Ob-Gyn or other specialties. Usually, junior house officers will teach and supervise medical students, while senior house staff have responsibilities for both medical students and junior house staff.

## GENERAL INSTRUCTIONAL SKILLS

It is important that medical students be accepted as rightful members of the health care team,<sup>4</sup> and therefore, the resident should encourage-student participation. This will be facilitated by recognizing that students are at the beginning of their education and require chances to ask questions. Students deserve correct explanations. This requires that the resident both know the material and be able to convey the information clearly. Teaching forces the resident to be critical of the knowledge base that he or she has acquired.

- A. *Explain the basis of your actions and decisions.*
  - 1. It is important when explaining complex content to emphasize the main points.
  - 2. Summarize the explanation and check to see if students have understood what was conveyed.
  - 3. Give students a chance to make decisions and critique their thought processes and approaches.