Loyola University Medical Center Urogynecology Rotation for 3rd Year Medical Students

Welcome to Urogynecology! Here is some information and tips about this service to help you through your next two weeks. Some common topics that are discussed on our service are pelvic organ prolapse, urinary incontinence, recurrent UTI, and myofacial pelvic pain. Please read these articles to help you better understand these conditions:

ACOG Practice Bulletin for Urinary Incontinence: https://www.acog.org/-/media/Practice-Bulletins-----
Bulletins/Committee-on-Practice-Bulletins----Gynecology/pb155.pdf?dmc=1&ts=20170922T1858341966

ACOG Practice Bulletin for Pelvic Organ Prolapse: https://www.acog.org/-/media/Practice-Bulletins-----Gynecology/pb176.pdf?dmc=1&ts=20170922T1859532592

ACOG Practice Bulletin for UTI: https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins-----Gynecology/Public/pb091.pdf?dmc=1&ts=20170922T1900153218

The Urogynecology service has a large team. There are 3 attendings (Dr. Mueller, Dr. Brincat, and Dr. Fitzgerald), 3 fellows (Dr. Megan Shannon, Dr. Birte Wolff, and Dr. Brandon Chen), an Ob/Gyn resident, a Urology resident, a Mercy OBGYN resident, and +/- 4th year medical student (sub-intern). Dr. Brincat and Dr. Mueller are the main attendings for Urogynecology, but we also work with Dr. Fitzgerald who is PM&R by training and specializes in chronic pelvic pain.

Here is the flow of service:

- Monday OR for Dr. Mueller, Clinic for Dr. Brincat
- Tuesday OR for Dr. Brincat, clinic for Dr. Fitzgerald (at Loyola), sometimes AM clinic for Dr. Mueller
- Wednesday- AM teaching, afternoon normally free for teaching except one afternoon a month (not while you are on)
- Thursday Dr. Mueller clinic, Dr. Fitzgerald clinic (at Burr Ridge)
- Friday Dr. Brincat clinic

The best way to access information on patients, surgeries, and clinic schedule is to create a list on Epic. Under the schedule tab, click on **+Create**-->Name your list Urogynecology Service-->click on **Configuration**-->and add all three attendings to the list. Once you make the list, you will have access to their clinic and surgery schedules.

<u>Clinic</u>: Located on the 3rd floor of the outpatient building. There is a workspace area with computers and usually the attendings, fellows, residents, and nurses use them. The computer near the printer is usually open for students to use. However, it is HIGHLY suggested that you bring a tablet or a personal laptop to clinic so that you can look over patient charts or possibly see a patient on your own. You can place your personal items in the backroom near the back exit door.

To see a patient, there will be a board on the wall near the nurse's computer. This board shows you the flow of clinic (location of patients, who is being seen, which resident or fellow is seeing the patient, etc). You will take a magnet from the board, put your name on it, and place it in a box with your patient and room #. When the patient is ready, you will go with the resident/fellow and take notes during the patient encounter (so you know what is going on and to help the resident write the note!). Tip: Nurses are your best resources, so if you have questions, ask them!!

You will likely shadow a fellow or resident the first few days. You are encouraged to see follow-up patients on your own to gather a history and present the patient to the attending. You will then examine the patient together with the attending. New patients to the clinic need to be evaluated with a fellow/resident.

At the end of each patient encounter, an After Visit Summary (AVS) will be printed. This is the time for you to present this paperwork to the patient and review the document. A good way to review this material is to show them the phone number the patient can call (Loyola's number) if there are any issues and to review what they did during the visit and the plan. By doing this, it will help you better understand particular treatment plans for each chief complaint seen in clinic.

<u>Surgery:</u> The OR is located on the 2nd floor of the main hospital. The easiest way to access scrubs is from L&D (which is also located on the 2nd floor). Once you are changed into scrubs, you will meet with your resident either in Pre-Op or PACU to meet the patient.

The best way to prepare for you cases is to read about the patient and the surgery. You can use: http://www.atlasofpelvicsurgery.com/. This atlas gives you information on anatomy and steps of a particular surgical procedure. Youtube videos are also helpful.

Medical students are asked to prepare the white board with patient information prior to every surgery. You will need to write down the patient's name, MRN number, DOB, diagnosis, planned procedure, past medical history, past surgical history, medications, allergies, and POP-Q with stage of prolapse, and names of everyone who will be in the procedure. Please ask if you will be scrubbing in prior to each case. You should be able to find all this information by accessing the patient's chart and reviewing the pre-op H&P.

If you are going to scrub in for a case, PLEASE REVIEW HOW TO SCRUB PRIOR TO SURGERY. Here is a Youtube video you can use to help prepare: https://www.youtube.com/watch?v= 1MzSOhRh7c

We recommend that you also ask a 4th year medical student or your resident prior to the surgery to review scrubbing techniques.

You may be asked to place a Foley catheter or drive the cystoscopy, so please review those techniques as well prior to the surgery!

Miscellaneous information:

- If there are 3 medical students on the team, you will rotate surgeries and clinic. On OR days, depending on the number of cases, 1 of you will stay for OR day and 2 of you will go to clinic at the appropriate time/after the first or second OR case.
- 1 of you will also go to Burridge on Thursday for Dr. Fitzgerald's clinic. The other 2 medical students will stay for Dr. Mueller's clinic
- Review simple suturing techniques. There will be time on the service for teaching sessions to review suturing, laparoscopic techniques, cystoscopy, etc.
- Try to be as adaptable, efficient, and helpful as possible. This service sees a lot of patients, and the more prepared you can be, the better.
- Lastly, HAVE FUN!!!!