

**NHS FORTH VALLEY
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

EDUCATIONAL SUPERVISORS LIST

Name	Position	Email	on timetable as
Dr Abels	O & G Consultant	peter.abels@nhs.scot	PA
Dr Barr	O & G Consultant	sarah.barr@nhs.scot	SB
Dr Cope	O & G Consultant	aileen.cope@nhs.scot	AC
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Dr Patrick	O & G Consultant	kate.patrick@nhs.scot	KP
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CLINICAL ATTACHMENTS IN OBSTETRICS AND GYNAECOLOGY

AN INTRODUCTION FOR GLASGOW MEDICAL STUDENTS

**Welcome to the Department of Obstetrics and Gynaecology at Forth Valley Royal Hospital.
We hope that you will enjoy your attachment here with us.**

Your timetable includes all the core learning activities (Labour Ward, clinics and theatres), special interest areas and time for private study. You can use your private study time for self-directed learning or portfolio preparation. Each timetable is individualised to ensure that all students have the same learning opportunities.

If you have problems with any aspects of your attachment, please bring them to the attention of your supervisor or to Dr Jacqui Hill, O & G Student Coordinator (Jacqueline.hill@nhs.scot). If you wish to discuss any general issues related to being a student in NHS Forth Valley, contact Margot Robinson, the Undergraduate Coordinator [margot.robinson@nhs.net] direct line 01324 567619 or internal extension 67619.

Your educational supervisor

Your timetable indicates your supervisor although you will be supervised by all the staff at some time or another. Try to meet up informally with your supervisor every week or so to discuss your progress. You should also meet if you encounter any difficulties with your training experience. He/she is responsible for marking your portfolio Case Reports and for coordinating the feedback for your continuous assessment.

The Case Reports

You will have to prepare two cases in obstetrics and gynaecology using the guidance notes in the Glasgow University students' website. These provide your supervisor with insight into your knowledge, skills and attitudes, so choose a good case (agree the suitability with your supervisor) and be meticulous in your report. When writing it up, you will find it useful to refer to any recent RCOG Guidelines on the topic - <http://www.rcog.org.uk/guidelines>. During the first two weeks of your attachment you should identify suitable cases. They should be submitted no later than the end of the fourth week of your attachment, so that they can be marked before you leave.

Your Assessments

It is your responsibility to ensure that you complete the required assessments before the end of the block.

The RCOG Undergraduate curriculum (NACOG)

You will be provided with a copy of this. The content is a valuable overview of the knowledge, skills and attitudes needed to demonstrate that you are a well trained undergraduate in obstetrics and gynaecology. Try to tick off the areas you have covered, and read up on those you don't experience.

CORE LEARNING OPPORTUNITIES

General Points

All the staff in our department enjoy having students, so engage with them from the start, show enthusiasm and don't be afraid to ask about all the areas of their work that you wish to learn about. When you 'shadow' the doctors in Wards 6 & 8, use the time to help them with their duties and this in turn will help you learn real obstetrics and gynaecology – much more valuable for passing your exam than memorising from books!

Don't miss out on any session you are timetabled to – the consultant will be looking out for you. If you are unexpectedly ill, you must demonstrate your professionalism by sending an e-mail to Margot and to your supervisor beforehand.

TRAINING IN OBSTETRICS

Labour Ward (LW - Ward 7)

You will have the opportunity to spend several days on LW. The day starts at 8.30am for the important 'handover' which you should attend if you are on LW or SHO shadowing. For some of these, you will benefit by attending in the evenings and overnight (when there are fewer student midwives requiring training). Things can happen quite quickly so make your presence known and stay visible. The midwives are the key people during your time on LW and you should ask the Midwife-in-Charge (always make your availability known to her – this reaps benefits) if you can be allocated a patient in labour to 'sit in' with. The Consultant, Midwife or Registrar will confirm with the pregnant woman that she agrees to your presence.

As well as gaining exposure to 'normal' labour, you should aim to understand the methods for the induction of labour and should witness instrumental and caesarean deliveries. You should supplement your training in Labour Ward management and fetal monitoring by attending the lunchtime teaching.

Antenatal Clinics (ANC) – hospital and community

You will have the opportunity to participate in general antenatal clinics and a Twins ANC. You will have a day in the community with the midwives, which is a great opportunity to learn obstetrical history-taking and abdominal palpation (ask to be shown this at your first ANC). You should witness the management of booking, fetal anomaly screening, routine antenatal care, the management of pregnancy complications and 'post-dates' pregnancies. Take bloods, measure blood pressures, check the urine, get involved!

TOP Clinics

You will have the opportunity to attend clinics. The link below will give you a brief overview of the topic. <https://app.nearpod.com/?pin=DK4U8>

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Antenatal Ward (Ward 8)

Ward 8 has obstetric in-patients who have been admitted with problems in pregnancy such as bleeding, preterm labour, pre-eclampsia and hyperemesis. There are ward rounds each morning at 9.00am (following the LW handover). This is an excellent place to see the sort of patients you need for your portfolio. The ward doctor or the Midwife-in-Charge can suggest which patients would be suitable for you to see. When you do take a history, present it to the ward doctor and discuss the important features.

Maternity Assessment Centre (MAC) - Triage and Day Care

This midwife-led service is available for women to present for expert advice (usually without the need for hospital admission) for symptoms that concern them. After assessment, the ongoing care is planned by the midwife (in consultation with the woman herself, and, if required, the obstetric team). It is a great opportunity to gain experience in a variety of acute pregnancy problems, to take histories and perform examinations. Day Care is attended by patients requiring frequent monitoring for chronic pregnancy-related problems, e.g. pre-eclampsia. You can arrange to attend MAC during your Labour Ward sessions (if LW itself is 'quiet'!).

Community Midwifery

On your timetabled day with the Community Midwives you should meet the midwives, sharp at 9am, You can find them in the Mayfield Building (top floor, right side) in Falkirk Community Hospital.

TRAINING IN GYNAECOLOGY

Outpatient Gynaecology

You will be allocated to a few general gynaecology clinics and to a variety of specialist clinics including colposcopy, out-patient hysteroscopy (OPH), infertility, postmenopausal bleeding, urogynaecology and termination of pregnancy. In general gynaecology, you will be able to take histories from patients on your own, and to present these to a senior doctor in the clinic before examination is performed.

Inpatient Gynaecology

Gynaecology Ward (Wards 6)

You will be able to 'shadow' the doctors and nurses in the Gynaecology Ward. This is for gynaecology inpatients, admitted either for the management of acute symptoms or after major surgery. It is also a good place to practise taking gynaecological histories. Always introduce yourself to the nursing staff so they know why you're there.

The day starts in LW at 8.30am for the handover from the night on-call team, and moves to Ward 6 at around 9am to review all the gynaecology patients, arrange emergency theatre, etc. Gynaecology Triage is open each week-day afternoon (except Monday). Join the ward

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doctors involved in their gynaecological assessment of emergency and routine admissions. Take histories and present cases to them when you have the opportunity.

Gynaecological Surgery

During your attachment you are allocated sessions to experience gynaecological surgery. The theatre used for these is Theatre 6, adjacent to the Ambulatory Care area. You will be able to observe both major and minor gynaecological surgery, to familiarise yourself with the common procedures.

It is essential that you meet the patients beforehand (they are all admitted to Ambulatory Care an hour prior to the start of theatre) and you should aim to accompany the surgeon on the pre-operative round (theatres start at 9.00am or 1.30pm so you have to be present to see patients 30 minutes earlier). This is particularly important as you will have the opportunity to examine the patients in theatre (most patients agree to this, although you require written consent from them - there is a section in the Consent Form).

If you have written consent, you may also be able to assist in theatre, which is very useful experience, especially for major cases. It is also important that you read the appropriate Clinic letters (usually in the front of the case-notes) so that you are completely familiar with the patient's history and planned management. Watching an operation is not educational if you don't know the patient and her history!

Major cases include hysterectomies (for cancer or benign pathology) and other operations that might require a few days' stay in hospital. Theatre is a good place to learn how to 'scrub up' and to assist the surgeons (with the patient's written consent).

Minor cases include laparoscopies, sterilisations, hysteroscopies, terminations, evacuations and other simple gynaecological surgery. These provide opportunities to learn speculum and pelvic examination (with the patient's written consent).

CLINICAL ACTIVITIES GUIDE

FORTH VALLEY ROYAL HOSPITAL (FVRH)

Labour ward handover is at 8.30am and at 8.30pm; all Clinics are in Women & Children's Unit (Outpatients' Department on the Ground Floor) and start at 9am or 1.30pm

Obstetrics		Gynaecology	
Area	Location and schedule	Area	Location and schedule
Labour Ward (LW)	Ward 7, handover at 8.30am	Gynaecology Clinic (GOPD)	OPD, days vary, 9.00am & 1.30pm
Maternity Theatre	Theatre Suite	Wards 6 Gynaecology	Ground Floor
Antenatal Clinics (ANC), including Twins	OPD, 9.00am & 1.30pm	Theatres	Ambulatory Care area, 1 st floor then Theatre 6, 9.00am or 1.30pm start, **see patients at least 30 minutes earlier**

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Cancer MDT	Rooms 111 and 12, OPD, 8.45am with Dr Milling Smith/ Dr Barr	Colposcopy and Out-patient Hysteroscopy	Suite next to OPD, Ground Floor, 9.00am & 1.30pm
Ward 8 Obstetrics	1 st Floor	Postmenopausal Bleeding (PMB)	OPD, days vary, 9.00am or 1.30pm
Obstetric Triage	Ward 8, Tuesday – Friday pm	Subfertility	Suite next to OPD, Ground Floor; 1.00pm Mondays; 9.00am Tuesday or 1.30pm Tuesdays & Wednesdays
Prenatal Diagnosis (PND)	Ultrasound Department, Ground Floor, Monday or Friday, 9.00am	Urogynaecology	OPD, days vary, 9.00am & 1.30pm
Teaching Meetings	Mondays, Tuesdays & Thursdays (12.45pm – 1.30pm); LW or Training Room	Termination of Pregnancy (TOP)	OPD, 1.30pm Tuesdays

Teaching areas

Departmental 'lunchtime' teaching (multi-disciplinary, with medical and nursing/midwifery staff) takes place on Tuesdays (gynaecology M & M), Thursdays (Obstetric) and Mondays(CTGs), usually in the Training Room, 1st Floor W & C.

FVRH has a library with computer desks and is accessible at all times. There is Wi-Fi in the accommodation and Eduroam in FVRH

LABOUR WARD EXPERIENCE FOR MEDICAL STUDENTS

Experience of what happens in the Labour Ward is an essential component of your teaching in obstetrics and gynaecology. The following is a list of the sort of clinical situations you should become involved with:

Normal Labour

You should sit with a patient in labour for a few hours, hopefully till delivery, noting the role of the midwife, the monitoring and analgesic regimes, and any medical input to the labour.

Normal Vaginal Deliveries (NVD)

You should witness at least two NVDs conducted by the midwife, then assist at the delivery yourself, under the midwife's guidance, in a further three patients. Remember that it is not acceptable to appear at the last minute and expect to 'get the delivery'.

Assisted Deliveries

You should try to witness assisted delivery (forceps, ventouse) on three occasions, and be present at two caesarean sections.

Various other activities take place in the Labour Ward, and you should be able to learn about some or all of the following:

the diagnosis of labour	pre-labour rupture of the membranes	intra-partum fetal monitoring
fetal blood sampling	artificial rupture of the membranes	manual removal of placenta
analgesia and the role of the anaesthetist	prioritising tasks	the central role of the midwife

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TIPS FOR MAXIMIZING YOUR LABOUR WARD EXPERIENCE

- **Keep a brief log of your experience on the reverse of this sheet and show it to the Midwife-in-Charge and the LW Registrar so that they can help you progress in your LW experience (e.g. from 'sitting in' with a patient in Labour to being able to assist the Midwife at delivery)**
- let the midwifery staff & the 'On-Call' medical staff know you are around and keen to be called
- write your room/page numbers on the board
- show interest, professionalism & enthusiasm
- be patient
- don't be upset if she ends up with a section (or at least don't show it!)

Try to visit the proud mother and her baby the next day (and thank them for having you!)

CASE PRESENTATIONS IN OBSTETRICS AND GYNAECOLOGY

- Look right** Maintain eye contact, don't over-use your notes
- Sound right** Clear, fluent, not too fast, no boring rambling, no abbreviations, always deferential to patient
- Be relevant** Try to grasp the main problem(s), whether social or clinical, and make everything else take second place. Avoid 'strings of negatives'
- Be thorough** Omit nothing except irrelevancies

THE OBSTETRIC CASE

The History

1. Opening sentence, with full name, age, parity (x + y), gestational age and presenting complaint (in as few words as possible).
2. Now elaborate on the presenting complaint (if there is one), being as fluent, chronological and economical (yet omitting nothing) as possible.
3. Make clear the dates (LMP & EDD) and how they were derived, explaining any discrepancies.
4. Work through the pregnancy from beginning to end, mentioning any 'highlights', e.g. msAFP, any bleeding or infections, the use of iron or anti-D prophylaxis, etc.
5. Past obstetric history, being concise in the case of Mrs 'para 10+6 disasters'. Mention year of delivery, mode of delivery, outcome ('healthy male weighing 7lbs') and, very concisely, any significant obstetric problems.
6. Gynaecological history if any, including past and future contraception and most recent smear (plan for next smear).
7. Medical, surgical, drug, family and allergy history - very briefly unless relevant to pregnancy.

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8. Social history, including marital status, employment and plans for returning to work, partner details, smoking, drinking, plans for feeding the baby, accommodation.
9. Closing summary, just to repeat the opening sentence with the addition of any plan for management.

The Obstetric Examination

general appearance
pulse
blood pressure
heart sounds & chest examination
urine (test yourself if encouraged)
ankle oedema
reflexes (if hypertensive)
optic fundi (if hypertensive or diabetic)

Examination of the pregnant abdomen

inspection (pregnancy, scars, movements, striae, linea nigra)
symphysio-fundal measurement
lie
presentation
head palpable (in 5ths)
liquor assessment
fetal heart rate

THE GYNAECOLOGICAL CASE

The History

Remember that the objectives here are to fully describe the patient's problem, its effect on her life, and her fitness (or otherwise) for surgical treatment.

1. Opening sentence, with full name, age, parity and presenting complaint (in as few words as possible).
2. Now elaborate on the presenting complaint, discussing the patient's problems and their effect on her well-being. Don't forget to mention any investigations and/or treatments initiated earlier, and the patient's response to these.
3. Gynaecological history, if any.
4. Past obstetric history, more concise than in obstetrics.
5. Medical, surgical, drug, family and allergy history. Expand on this where it is relevant to her fitness for surgery, or to her recovery thereafter.
6. Social history, including marital status, employment, support at home, plans for returning to work, smoking and drinking.

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7. Closing summary, just to repeat the opening sentence with the addition of any plan for management.

The Gynaecological Examination

Here again, the emphasis is not only on any gynaecological signs, but also the patient's general fitness for surgery, so **general examination** is more important, and you should mention

general appearance
pulse
blood pressure
heart sounds
chest
anything else relevant to the past history

abdominal examination

inspection (swellings, scars)
palpation (lower abdominal, LKKS)
percussion (if ascites)

vaginal examination

inspection of vulva
speculum – inspection of cervix
bimanual examination (uterus size, anteverted/retroverted/axial/not sure, mobility; adnexal palpation for masses/tenderness)

MEDICAL STUDENTS – GENERAL INFORMATION

Undergraduate Co-ordinator

Margot Robinson is the undergraduate co-ordinator for Forth Valley she can be contacted on Extn 67619 (direct line 01324 567619) or by e-mail at margot.robinson@nhs.scot . Please feel free to contact her at any time during your stay.

Swipe Card Access for FVRH

Many areas in FVRH are only accessible by swipe card access, learning centre, theatres etc. Student swipe cards are available from the undergraduate co-ordinator. These cards also entitle you to staff discount in Starbucks.

Accommodation

Limited accommodation is provided on the FCH site in the Junior Doctors Residence. Do not give your room keys to anyone else and do not exchange rooms without the prior permission of the Accommodation Manager, Karen Nimmo, or ring "0" for the switchboard

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and ask them to page you a domestic supervisor if you have any problems with your accommodation. Cooking facilities are available in the residences.

Please take care of your room keys and at the end of your attachment leave the keys in your room and ensure the room is locked before leaving. If you do not return the key this may mean another student will not have accommodation at the start of their attachment.

Travel expenses, to the equivalent rate of the bus fare, will be paid to students preferring not to stay in the accommodation.

Parking

If you have a car with you it can be easily parked at the Falkirk site. There is access to the overflow purple car park at Larbert where the barriers are always raised. We would ask you not to park in the front visitor's /patient car park at FVRH

Public Transport

For students who do not have their own transport Forth Valley will provide weekly vouchers for First Buses. There is a Number 38 bus which travels between Stirling and Falkirk and which calls at FVRH en-route. This service runs approximately every 15 minutes. When handing your voucher to the bus driver ask for a weekly one zone ticket.

Student Concerns:

If you have any concerns whatever, patient safety, personal, learning, staff issues etc please tell your supervisor in the first instance or feel free to discuss with any of the Medical Education Undergraduate Team.

Undergraduate Team			
Name	Title	Extn.	Email
Dr Kate Patrick	Director of Medical Education (DME)	67399	kate.patrick@nhs.scot
Dr Chris Kelly	Deputy DME and UoG Sub Dean	66846	chris.kelly@nhs.scot
Dr Alasdair Cooper	Clinical Teaching Fellow (CTF)	67836	alasdair.cooper@nhs.scot
Dr Lucy McNally	Clinical Teaching Fellow (CTF)	67478	Lucy.McNally@nhs.scot
Margot Robinson	Undergraduate Co-ordinator	67619	margot.robinson@nhs.scot

Name Badges

You should wear your University Medical student badge at all times while on NHS Forth Valley premises.

Dress Code

University Scrubs should be worn on the wards at all times

Dining Facilities

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The restaurant is open 7.30am to 7.30pm

Paging/Bleeping

To bleep a doctor on the same site dial 68100 and follow instructions. If you wish to contact a Doctor on the Stirling site dial the SCH/FCH hospital switchboard on 01786 434000 and follow the recorded instructions which require you to know the name or department you want to contact.

Library/Computer Access:

The Library is situated on the 2nd Floor, above the restaurant at FVRH, within Clinical and Medical Education Services. Contact the Librarian, Elizabeth Carney, on 01324 567406 or email:

fv.forthvalleylibraryservices@nhs.scot

The library is manned Monday – Friday from 8.30am to 4.30pm. Access is available at all times using a valid swipe card.

Library Facilities

NHS Forth Valley Library Services provide free membership to medical students. The library stocks a range of books on the Knowledge Network, together with journals and educational resources which are available through the internet. There are many computers within the Library to facilitate access to the resources and study space where you can use your own device.

<http://nhsforthvalley.com/health-services/library-services/>

The Knowledge Network is NHS Scotland's National eLibrary available from any computer at:

<http://www.knowledge.scot.nhs.uk>

Among the wealth of resources, the Knowledge Network provides:

- Full text journal articles, abstracts and citations
- Electronic books
- Point of care resources including evidence summaries
- Assistance to enable users to keep up to date in their field of interest
- A wide range of apps
- Access to Library Search, the national catalogue Scottish Hospitals Library Catalogue

An Athens password is required to access NHS Scotland's Knowledge Network on-line resources. You can apply for an Athens password online by visiting www.knowledge.scot.nhs.uk and clicking 'register' at the top right hand corner

Support is available to enable staff to develop their information and knowledge skills. Please call or email us if you would like to come along for a tutorial. Or if you have any questions.

A multi function device is available to facilitate printing, copying, scanning... Please note that a print code is required to use this device; codes will be provided together with your computer log-in.

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The library has a portable DVD player as some volumes contain DVDs. When using the library please have respect for other users.

In FCH there is open wi-fi access available in the Junior Doctors Residence where you will be staying and Eduroam is available in FVRH

Access to Clinical Systems

You will be given access to the following clinical systems whilst you are on placement:

Clinical Portal

Using your generic computer log-in

SCI Store

A username and password will be provided

HePMA

A username and password will be provided but you must complete a Turas Learn module in order to activate this, the module is called NHS FV HePMA View Only

TrakCare

A username and password will be provided but you must complete two Turas Learn modules in order to activate this as follows:

- NHS FV Introduction to TrakCare module
- NHS FV TrakCare Acute Inpatient Doctor module


We require you to undertake an additional Turas Learn module this is not a clinical system but an invaluable teaching tool

NHS FV ReSPECT

FVRH Useful Contact Numbers			
Main Hospital Number	01324 566000	Fire	5555
Cardiac Arrest	2222	Outpatients Department Main Reception	66400
Endoscopy	67518	X-Ray Main Reception	67000
Pharmacy Main Reception	66700	Theatre Recovery Main Reception	66088
Theatre Main Reception	66090	Ambulatory Care Main Reception	67500

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Day Medicine	67505	Day Surgery	
Occupational Health Reception	66663	Oncology	
Renal Unit	66387	IT Service Desk	903333232310