1. Introduction:
Welcome! Drs. Santoso, Tillmanns, Smiley, Reed and the West Clinic staff look forward to working with all of you. The Gynecologic Oncology rotation is designed to give you an academic exposure to the care of women with cancer. The rotation is demanding in terms of hours, energy, and emotion. We are asking for your full commitment to this rotation. In return, we promise you that we will always be there with you to guide in providing care to these brave women. Finally, we hope to share with you the joy and excitement of learning and operating!

2. Mission statement:
To provide the highest quality, most compassionate, and cost effective care to women with gynecologic cancers. To teach residents, students, and other professionals to provide care as above, and to continue life-long self-improvement through teaching and research. In short: “Providing care that exceeds expectation.”

3. Work flow in clinic:
Students are to see established patients. You may see the patient directly and then report to the Attending. Pelvic exams are to be done with the Attending. Once you are ready to send the patient home, please ask the nurse to help you get the patient a follow up appointment, labs, X-rays, to begin chemotherapy, etc. In Tillmanns’ and Reed’s clinics, notes can be updated on the computer. In Santoso’s clinic, write notations on the side of the printed note; Santoso will dictate the updates later.

4. Expectations:
The resident in charge of your hospital service will usually give you an introduction at the beginning of the rotation. The resident BlackBerry is 201-0042. One of the residents always has this BlackBerry. Please call on the afternoon prior to beginning the rotation to find out which patients you will be asked to see and what time we will be rounding. The resident with the Blackberry can also give you the cell phone and pager numbers for the resident in charge of your hospital. Communication is vital for the service to run smoothly, so do not hesitate to call the resident with any questions. The resident is ultimately responsible for assigning your workload and responsibilities. Call the resident you are working with at the end of each day in order to sign out and discuss plans for the next day.

Also, please call for any questions or problems during the rotation. If the residents are not responsive, please let an attending know.
Patient lists for all three hospitals are on Google docs under username utgynonc. Please ask your resident for the password. In addition to following these lists to know how many patients are in your hospital, you should make sure that details regarding any patient you are following personally are kept up to date on this list.

The rotation is demanding in many different ways. There are often very early mornings and potentially late nights as well. The patient load may be very heavy at times, and the patients can be complicated. We may have patients at 5 different hospitals throughout the city, and each of these patients has to be seen daily. This is also a very intellectually challenging rotation as a result of the patients’ complexity. You will be expected to read about your patients’ problems, and formulate your own assessment and plan for them. In return, we will do our best to teach you about managing postoperative patients, general ideas about the gynecologic malignancies, and basic clinical knowledge including reading radiologic studies, writing orders, and basic patient care.

Each student is expected to have a full working knowledge of their patient’s history and current management. Know full details of oncology and gynecology history. You should review preoperative workup, hospital course with labs, studies and medications, and postoperative course. Put together your patient’s story and formulate a plan. This is where the learning comes together. Questions are always welcomed. There are NO stupid questions.

Our appearance should project professionalism. No scrubs (except on OR days), no jeans. Ties are for men, except on the weekend/holiday. No athletic shoes or sandals. Socks or hose are required in the clinic, no open-toed shoes allowed. On the weekend, dress is less formal but still respectful (no T-shirts or sandals) – scrubs are acceptable. White coats should be white – no blood or dirt please (please launder frequently).

5. Schedule:

Lectures are your first priority. Please let us know your schedule at the beginning of the rotation. A copy of the lecture schedule for the chief resident would be appreciated.

You will be assigned to only one of 3 hospitals (Baptist East, Baptist Women’s, or Methodist University) during this rotation in order to maximize your learning experience, and to help reduce travel time by keeping you from driving back and forth across the city.

Weekdays:
The morning usually starts with rounding on your patients and discussing them with the residents. Please ask your resident the day before at what the time you are expected to come. Rounds with the attending will occur at different times throughout the week depending on how many patients need to be seen. After rounds, we will be scheduled to do clinics, floor-work, and/or surgery, depending on what day of the week it is. At least one student will scrub for each surgery, and usually all students will attend. The rest of the day may be used for pulling journal articles, reading time, etc. We do ask that you be available to help us (if needed) with finding X-rays, labs, or following up on studies ordered on our inpatients. If we do ask for you to run errands for us, we will compensate you by teaching something about the patient we are evaluating. The day will end with afternoon rounds/notes and then discussing plans for the next day.
Saturday and Sunday:
At least one student will be expected to round on each day. On Friday, you will need to coordinate the weekend rounds with the residents. Rounding times vary depending on the staff who is rounding, as well as the resident who is rounding. Particular residents may desire to do teaching, walking rounds with you prior to teaching rounds with staff. If there are patients at more than one hospital, they will still all need to be seen. It is up to the resident rounding as to which patients you will need to see. Please clarify this on Friday.

| Weekly Calendar |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| **Monday**      | **Tuesday**     | **Wednesday**   | **Thursday**    | **Friday**      | **Sat/Sun**     |
| Santoso         | BW round & OR   | BW round & OR   | MU round & OR(Am), Midtown Clinic* (PM) | MU round & OR(Am)/M&M (PM) | round & call    |
| Tillmanns       | MU round & OR   | MU round & clinic | BW round & OR | BW round/DS clinic (AM)/M&M (PM) | round & call    |
| Smiley          | GT OR           | BW/BE OR        | East Clinic    | East Clinic     | Desoto Clinic   |
| Reed            | East Clinic     | BE round & OR   | BR OR          | East Clinic     | Corinth Clinic  |
| Resident 4th year & 1st year - MU | round & OR with Tillmanns MU | MU round & clinic with Tillmanns; 4th year may be operating with Smiley | round & OR with Santoso at MU | round & OR with Santoso (AM); Lecture/M&M (PM) | round & call |
| Resident 2nd year - BW | BW round & OR with Santoso/Smiley | round & OR with East Clinic with Santoso | round & OR with Tillmanns/Smiley | round & OR with Tillmanns/Smiley | round & call |
| Resident 3rd year - BE | round BE & East Clinic with Reed | round & OR at BE with Reed | round BE & East Clinic with Reed | round & OR at BE with Reed | round & call |

**Abbreviations:** MU (Methodist University), GT (Methodist Germantown), BE (Baptist East), BW (Baptist Women), DS (Desoto Clinic)

**Clinics:**

East Clinic: 100 N. Humphreys Blvd., Memphis, TN 38120
Phone (901) 683-0055, Fax (901) 685-9718

Midtown Clinic: 1588 Union Avenue, Memphis, TN 38104
Phone (901) 322-0251, Fax (901) 322-0259
**Dress Code**
Our appearance should project professionalism. No scrubs (except on OR days), no jeans. Ties for men, except on weekends/holidays. No athletic shoes or sandals. Socks or hose are required in the clinic, no open toed shoes allowed. On the weekend, dress is less formal but still respectful (no T-shirts or sandals) – scrub is acceptable. White coat should be white – no blood or dirt (please launder frequently).

**Evaluation**
These will be given at halfway through your rotation and at the end. They may be done by your resident, and/or attendings. If you have questions regarding your performance at other times, please ask. You should always receive some feedback on how you are doing. If we get busy and neglect this, please remind us. Attached is a copy of the final evaluation form which we fill out on each student. Your clinical grade is then calculated based on these comments. Please be familiar with these forms since this is how you will be evaluated.

The things we appreciate most are enthusiasm, a willingness to learn, and being able to work hard without complaining. The more of these traits you display, the more excited we are to teach you and involve you in patient care.

We would also like feedback from you prior to leaving the rotation. Just let us know what we can do to make the experience better, or what is currently good. Are you learning enough? Any comments are welcomed.

**Presentations**
During formal rounds with attending, you will present each patient you have seen. These presentations should be done in SOAP note format.

**SOAP Notes and Presentation Guidelines (click to open link)**

**Notes**
AM notes should be thorough and in SOAP fashion. You can often use these to present (as above). Remember to bring a copy of these to rounds prior to surgery and prior to formal rounds.

In your Assessment and Plan (A/P) section of your notes (and presentations), you will want to use a diagnosis based approach, and not just a systems based format. It may be helpful to think in a systems based format, but write things down by diagnosis. For example, if you are discussing the fact that the patient is now tolerating liquids, but has not passed flatus, your heading will NOT be: 2.) GI --, but rather: 2.) post-op ileus -- assessment/plan. Likewise, if you note in your objective section that the patient only had 300 cc of urine output over a 12 hour period, you will not write Kidney--, but rather Oliguria--. Remember also that DVT prophylaxis is not a Dx. The diagnosis for why we use anticoagulation is Hypercoaguable state. The reasoning for this approach is twofold. First, it helps you to organize your thoughts by remembering not only the systems, but the actual problems, and what you are doing for them. Second, it is a good learning process for you as diagnoses and coding will be very important for you in your future career in whatever field of medicine you pursue. We have included an example below of a typical note and presentation in this format.
The A/P section of notes and presentations is your chance to really shine. Too many times in presentations, the assessment and plan are stated, but a gap exists between these two. This gap is the answer to the question, WHY? If your assessment is that someone has hypoxemia, and that you are giving O2 in order to treat this, the true part of learning comes when you ask the question, “What is causing this problem?” If you can answer that, your learning has come full circle. We urge you to have this type of thinking with each problem you encounter. Know why you do the things you do. And, any time that you are able to have a journal article to back up your ideas, this truly completes the experience. Accepted abbreviations are fine. If you are not sure of an abbreviation, please ask prior to writing it on the chart.

Before you write anything controversial, please ask the resident. Examples are: patient can’t move lower extremities, pt is having crushing chest pain and SOB, pt has rebound and guarding, acute abdomen, etc. These are all things (and you know what I mean) that need to be evaluated by one of us STAT.

Afternoon notes may be brief. They should include any new complaints since the AM, any new findings on physical exam, any new labs or test results or pathology reports. They are usually done around 2:30 or 3:00, but if we have a late case, they may not be done until later. Please sign out with the residents before leaving the hospital.

**Hospital Numbers**

**Numbers:**

- One BlackBerry: 201-0042
- Santoso: 726-8676
- Tillmanns: 581-1720
- Smiley: 734-2956
- Reed: 412-8452
- Londa: 683-0055 x1229
- Midtown Clinic: 322-0251
- East Clinic: 683-0055

**Methodist Central:**
- Info: 516-7000
- Computer setup: 516-0000
- Crews2: 516-8595
- Crews3: 516-8695
- Crews4: 516-8795
- Thomas2: 516-7225
- OR scheduling: 516-7558
- Path: 516-7180
- Lab: 516-7175
- Blood Bank: 516-7131
- Rad Onc: 516-7367
- Radiology: 516-7358
- SDS: 516-7355
- USG: 561-7129
- EPOH: 516-8591
- Medical Records: 516-7797
- ER: 516-7600

**BWH:**
- Info: 226-5000
- 3rd Floor: 227-9399
- OR scheduling: 227-9295
- Preop holding: 227-9295
- Path: 227-9140
- Lab: 227-9140
- Blood Bank: 227-9143
- Radiology: 227-9135, 227-9170
- Medical Records: 227-9175
- RR: 227-9296
- Triage: 227-9298

**Baptist East:**
- Info: 226-5000
- SDS: 226-1900
- RadOn: 226-0340
- Radiology: 226-4000
- Path: 226-5600
- ER: 226-3010