



Special Delivery

Issue 2

August 5, 2008

Upcoming Geriatric Didactic Lecture Series

Drs. Holly E. Richter and Alayne Markland (Division of Gerontology, Geriatrics, & Palliative Care, UAB) are 1 of 4 programs nationally that received the Geriatrics Education for Specialty Residents – Dissemination Grant (GSR-DG) award this year. The GSR-DG program offered support to past recipients of GSR grants (2001-2003, PI Dr. Richter) in order to disseminate their work to their colleagues in residency programs in other institutions, in other disciplines within their own institutions, or both.

This John A. Hartford Foundation/Geriatrics Education for Specialty Residents-Funded Geriatric Didactic Lecture Series strives to develop clinically competent trainees in the care of the older patient. This project involves the residents in OB/GYN, General Surgery, and Urology who will attend monthly didactic sessions. The overall goal of this program is to educate surgical residents of the care of older adults in the pre-, peri- and post-operative period. The lecture series topics are guided by the designated competencies of the ACGME. Pre- and post-lectures series testing will occur and increased knowledge over the course of the program will be explored within and across disciplines. A geriatrics Attitude Scale will also be given to ascertain baseline and change in attitude about the care of the older patient.

[Geriatric Curriculum Website](#)

Younger Physicians Driving Balance of Work & Family

Taken from: Lee, S. (sharyn.lee@mebn.net), 30 May 2008. *GME-Connections*, Vol 3 No 5. Email to J. Walsh (jwalsh@uab.edu).

It may not be just the new generation of physicians who desire a healthy balance between work and family, but they have been the most vocal in challenging the assumption that as doctors, they should be available to treat patients around the clock. A recent article in the *Wall Street Journal* describes the cultural revolution taking place in healthcare and positions emerging physicians as the trailblazers in this area. Of particular interest in this lay press article are the descriptions of many new and innovative work solutions that are arising out of the shared desire for more balance.

Read the full article, “As Doctors Get a Life, Strain Shows,” [Wall Street Journal Online](#)

Our New Pediatric and Adolescent Gynecology Clinic

The clinic, staffed by Dr. Kim Hoover (Division of Women’s Reproductive Healthcare), is beginning in August. The clinic will be held in Clinic 6 at Children’s Hospital Wednesday’s from 8:30 am-12:00pm.

Screening pap smears, sexually transmitted disease counseling and/or testing, contraceptive counseling, management of menstrual disorders, pelvic pain, and benign gynecologic masses will be available. Gyn operative services will also be available at Children’s Hospital for those conditions requiring surgical management. Appointments can be made through central scheduling at Children’s Hospital 205-939-9141 or 1-800-226-4770.

DOCTORS' PROGNOSIS

- **New Generation:** Young doctors are pushing to balance work and family life.
- **Changing Medicine:** Practices are adapting by creating new, more flexible schedules.
- **For Patients:** Doctors may be less exhausted, but also less familiar.

Education Corner

Important Dates

August 1

ACGME Case Log Report

August 4

Intern Surgical Skills Class:
IACUC / Post-Test (Interns ONLY)

August 6

Intern Chief Lectures

August 8

Intern "Wine Tasting" Party

August 13

Intern Chief Lectures

August 14

CERT Scholars: Meet & Greet

August 15

EBM Journal Club: Statistics Refresher

August 18-20

MS I Oral Exams

August 22

MS I Final Exams

August 25

MS II Orientation

August 27

MS II Orientation

August 28

- MS II Pelvic Exam Class
- CERT Program: Guest Speaker (*Faculty/Fellows*)
- EBM Journal Club: Case Control Studies

August 29

- CERT Program: Guest Speaker (*Residents / Faculty / Fellows*)
- Amnio Lab PGY2's

"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires."

- William Ward

Teaching Tip: *Think Out Loud*

What is a proven way of helping learners develop good reasoning habits for making the differential diagnosis or identifying treatment strategies? You can model these reasoning skills by thinking out loud; that is, verbalizing your thoughts when you are seeing patients together.

Start with a cue that tells the learner you are thinking aloud, like "let's see now she has right, lower quadrant pain that suddenly started six hours ago and has gotten worse. She's nauseous, but has no vomiting or fever. Her last menstrual period was six weeks ago. At this point, I'm most concerned about ectopic pregnancy or appendicitis. I'm going to need more information to make the diagnosis. My next step will be the physical examination."

Thinking out loud teaches reasoning steps, gives rationale to the plan, demystifies the process, fosters open communication and sets the stage for asking questions of the learner; e.g., "What should I be looking for in the physical examination of this patient?".

Source: Edwards JC, Marier RL. *Clinical teaching of medical residents: roles, techniques, and programs*. Springer, New York, 1988.

Case of the Month: *What's Your Diagnosis?*

60yo WF presents to ER at 0200am c/o profuse vaginal bleeding since 2300 with pre-syncope episode at home. No significant PMHx, no medical exam x 9 years. Admit HR 128, BP 70/40, O2 98% RA, Temp 98.8 C. Stat admit SICU, only PE abnormalities noted: Abd – ttp suprapubic; CV – Tachy. Arrives to SICU. Hct returns at 18, Cr 1.6, Glu 217, otherwise wnl. Gen GYN consults GYN Onc for critical care management and treatment plans. TVUS ordered per ER → large mass encompassing ? bladder ? uterus...cannot differentiate anatomy.



Pelvic Exam: cervix, small, no obvious abnormalities. Large palpable abdominal mass to umbilicus. Cannot differentiate uterus. 50cc dark clot in vagina – no obvious vaginal bleeding. Attempted EMBx – stenotic os. Large palpable mass along anterior vagina, does not appear to perforate through vagina – no obvious lesions appreciated. MD was placing foley to record UOP and determine hematuria....difficulty identifying urethra...upon further exam, noted urethra displaced by mass effect into anterior vagina – (+) BRB trickle. Foley placed without difficulty – frank hematuria.

(Submitted by Dr. Brandy Patterson; See page 3 for diagnosis.)

Tulane Professor to Conduct Clinical Teaching Workshops for Ob/Gyn, Medicine, and Pediatrics' Faculty & Residents

Issue 2

These workshop are focused on providing you with practical teaching tips to help with your everyday clinical teaching responsibilities. The UAB CERT (Creating Effective Resident Teachers) Program has invited Dr. Jeff Wiese from Tulane University HSC to conduct two faculty and one resident workshop to kick off the new academic year.

Focus: Practical teaching tips for clinical faculty

Instructor: Jeff Wiese, MD
Tulane University Health Sciences Center
Associate Professor of Internal Medicine
Residency Program Director
Associate Dean of Graduate Medical Education

When: August 28th, 3:00 – 5:00 pm
August 29th, 9:00 – 11:00 am
Select only one date (material is being repeated)

Where: West Pavilion Boardroom

If you are unable to attend either of these sessions, please come to the Resident Session on August 29, 12-2pm in West Pavilion - E.

Please contact Nancy Atkins at Nancy.Atkins@obgyn.uab.edu or 934-5631 if you would like to attend a faculty session.

Effective Questioning as a Teaching Tool

By asking certain questions, you can help learners better understand while assessing their knowledge, but more importantly, you can stimulate higher-order thinking and reasoning, judgment, and problem-solving. There are 2 categories of questions:

1. **Closed** - can be answered with a “yes” or “no” or simple information.
2. **Open** - elicits more extensive replies and furthers discussion

Examples:

Less Effective: Do you feel you made the correct decision? (*Closed*)

More Effective: “Can you justify the action you took?” or “What would you do differently next time ?” (*Open*)

Less Effective: What’s wrong with this patient? (*Closed*)

More Effective: What’s the reason for that symptom? (*Open*)

Try to move the learner away from simple factual recall and ask questions that promote synthesis, analysis, and evaluation (i.e., THINKING).

[Read more on the Effective Use of Questioning in Clinical Teaching](#)

Case of the Month: What is Dr. Patterson’s Diagnosis?

CT a/p: large mass involving bladder – cannot differentiate border between bladder/uterus.

Final Dx after EUA/Cystoscopy → Transitional Cell Carcinoma Bladder

This newsletter is from the Department of Ob/Gyn’s Education Directorate.

Contributors:

Julie Walsh-Covarrubias, MEd, EdD
Brandy Patterson, MD

Editors:

Larry Kilgore, MD
Todd Jenkins, MD
Julie Walsh-Covarrubias, MEd, EdD