

## **STANDARD OPERATING PROCEDURE- POLICY**

### **GYNECOLOGY WARD ATTENDING**

#### **SCOPE/APPLICABILITY:**

Applies to the Division of Gynecology and the Division of Family Planning  
Weekday Coverage (Monday- Friday)

#### **PROCEDURE:**

- **Responsibilities**
  - **Supervision of inpatient care on the Benign Gynecology service**
    - Daily rounds completed by 0900
    - Each inpatient/observation patient will be seen by the attending on a daily basis or more frequently as needed with documentation/appropriate attestation in the EMR
    - Supervision of inpatient consults followed by the Benign Gynecology service
      - Rounds daily as necessary depending on the reason for consultation with attestation by attending in the EMR
    - Pelvic exams, biopsies, minor procedures (IUD insertion, colposcopy) can be done in the Women's Health Clinic during regular working hours as determined necessary but will be billed as inpatient
      - Patients must be stable enough to leave the inpatient floor.
      - All specimens must be submitted with inpatient stickers. Patients are not added to the clinic schedule, checked into clinic or billed on an outpatient form.
      - Exams may be staffed by the ward attending or clinic attending, depending on physician availability.
      - If necessary, biopsies or IUD insertions may take place in the ED or on an inpatient ward as determined by the attending.
  - **Hand-offs**
    - Verbal sign-out of the service between the weekly ward attendings are strongly encouraged for all patients when the service switches from one to the other.

- Verbal sign-out to an oncoming night/weekend attending is mandatory with complicated patients (see below). The ward attending should be available as much as possible for questions regarding those patients that might arise over the weekend. Alternatively, the GYN backup system can be utilized if the covering attending would like another opinion.
- For patients who had a complicated GYN surgery, the surgical attending should verbally communicate with both the ward attending (if that person will be assuming care of the patient) and the in-house call person.
- Participation in and evaluation of medical student presentations and of clinical performance of medical students rotating on Gynecology (completion of end of rotation evaluations)
- Evaluation of 4th year medical students who are assigned to Benign Gynecology for their sub-internship.
- Evaluation of OB/GYN resident(s) managing inpatients on the Benign Gynecology service (2nd year)
- Coordination of surgical patient care for urgent/emergent cases.
  - The Gyn resident will contact the Gyn ward attending who should staff the surgical case or may identify another available surgical attending if deemed necessary.
- Coordination of weekend rounds with the on-call attendings (see below).
  - The ward attending is responsible for verbal sign-out to the weekend in-house attendings for complicated patients.
  - Weekend rounds is a responsibility of the in-house attendings; the overnight in-house attending will round on all Gyn patients prior to leaving or ensuring appropriate coverage by another attending.

### **Weekend/Holiday Coverage**

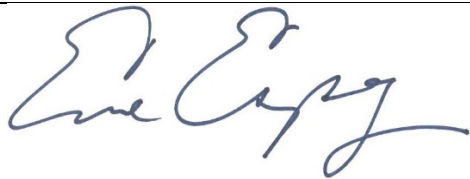
- **Participants**
  - All members of the inpatient call schedule:
- **Responsibilities**
  - Gyn Rounds
    - The post call attending will round unless previous arrangements have been made.
      - Verbal communication from the ward attending to the weekend rounding attending(s) is encouraged. Verbal communication from the weekend attending to the oncoming ward attending is also encouraged.
    - All patients should be seen in a timely fashion each morning based on acuity of patient care.
    - Gyn rounding attending should coordinate with the resident to ensure work hour compliance.
  - Ward Attending and Family Planning Patients

*This information is a guideline and should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.*

- The Division of Family Planning is a consultative service and both family planning faculty and fellows are available 24/7. The reproductive PALS schedule is available on Amion/Qgenda. See the Complex Family Planning SOP at [http://unmobgyn.pbworks.com/w/file/attach/142185786/Complex Family Planning Division Consults.pdf](http://unmobgyn.pbworks.com/w/file/attach/142185786/Complex%20Family%20Planning%20Division%20Consults.pdf)
- Family Planning patients will be admitted to the Gynecology service as needed.
- The Family Planning attending will communicate directly with the ward attending of the day and the R3 on service regarding any admits.
- The family planning fellow and/or family planning attending will round on all family planning patients and will include the gynecology resident team. Care plans will be communicated with the ward attending if that attending is involved in the care of the patient.
- The gynecology team and ward attending will manage any acute issues related to a family planning patient until and unless a family planning attending is available on site.
- Family Planning Fellows- Family planning fellows are expected to round on gynecology patients on the weekends. For complicated patients the gynecology back-up attending is a resource or the ward attending of the month.

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**APPROVALS:**

SOP Owner:	Kathleen Kennedy, MD	Date:08/21/20
Chair Approval:		Date: 11/18/20
Effective Date:	November 18, 2020	