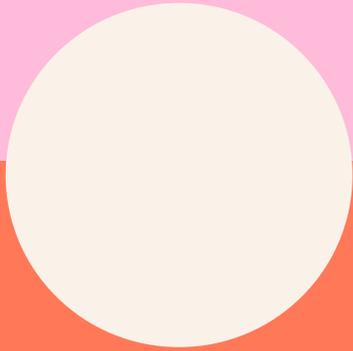




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CREATED BY: DR A LECOYTE
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PREPARING FOR YOUR O&G PLACEMENT

A GUIDE FOR RESIDENT DOCTORS



Prepared for: Foundation Year Doctors

Department: Obstetrics & Gynaecology

Hospital/Trust:

Rotation Dates:



PREPARING FOR YOUR OBSTETRICS & GYNAECOLOGY (O&G) PLACEMENT:

A GUIDE FOR JUNIOR DOCTORS

Welcome to O&G

Starting a new rotation every four months can feel daunting — especially in a specialty as unique and emotionally rich as Obstetrics and Gynaecology. This booklet is designed to help you settle in, understand your role, and make the most of the wide learning opportunities available during your O&G placement.

O&G differs significantly from other medical specialties. It combines acute medicine, surgery, and continuity of care with emotionally challenging moments. Support from your supervisors and colleagues is essential — don't hesitate to lean on your team.

1. When you first arrive

Make sure you tick off the following essentials:

- Trust and local induction
- Hospital tour-find the labour ward, theatres, postnatal wards, gynaecology ward and outpatient department
- IT logins and access to clinical systems
- Security passes and bleep numbers
- Meet medical staffing and occupational health
- Familiarise yourself with protocols-clinical guidelines, emergency procedures
- Understand your rota, annual leave and absence protocols
- Study leave processes
- Wellbeing resources and doctors mess

- Know your teaching schedule and meetings you are required to attend:
 - Departmental teaching
 - Perinatal mortality review
 - Maternal morbidity meetings
 - PPH forums
 - Gynaecology M&M
 - Audit meetings





2. Meet your supervisor

Early contact with your educational supervisor is vital. Set realistic learning goals, clarify expectation and identify areas of interest to focus on during the placement.

3. Understand the Department

You'll encounter various teams and subspecialties:

- Obstetricians and Gynaecologists
- Specialist areas:
 - Fetal Medicine
 - Maternal Medicine
 - Gynaecological Oncology
 - Endometriosis and pelvic pain clinics
 - Menopause and Hysteroscopy services

4. Understand the shift patterns

- Normal working day: 08:00 – 17:00
- Long day on call: 08:00 – 20:00
- Nights: 20:00 – 08:00
- Weekend cover: 08:00 – 20:00

Shift patterns vary between trusts, ensure to make sure you refer to local trust induction guidelines!

5. Types of work you will do

Obstetrics

- Labour Ward: triage, monitoring labour, assisting with deliveries
- Emergency Caesarean sections – assisting and learning intraoperative care
- Day Assessment Unit – antenatal reviews and urgent assessments
- Postnatal Ward: reviews, discharge summaries, identifying complications and escalating appropriately

Gynaecology

- Acute admissions via ED or GP referrals (you may be holding the referrals bleep-but you would be expected to escalate when you get referrals)
- Ward work – reviewing inpatients, TTOs
- EPAC/GEC clinics – managing early pregnancy complications and gynaecology emergencies
- Elective Theatre: hysteroscopy, laparoscopy, ERPC

Gynaecological Oncology – assisting in surgery and MDTs



YOUR ROLE AS F1/F2

You'll contribute to:

- Clerking and assessing patients
- Basic procedures: venepuncture, cannulation, catheterisation
- Assisting in Caesarean sections and vaginal deliveries
- On-call work – prioritisation, reviews, documentation
- Ward rounds and multidisciplinary collaboration

REFRESH YOUR KNOWLEDGE

Obstetrics:

- Pregnancy physiology, booking milestones
- Common complications: PET, GDM, PPH
- Labour: stages, delivery methods, induction
- Postnatal complications

Gynaecology:

- Menstrual disorders, PCOS, contraception
- Ectopic pregnancy, miscarriage, PID
- Surgical approaches: hysteroscopy, laparoscopy
- Ovarian, endometrial, vulval and cervical cancer

Guidelines:

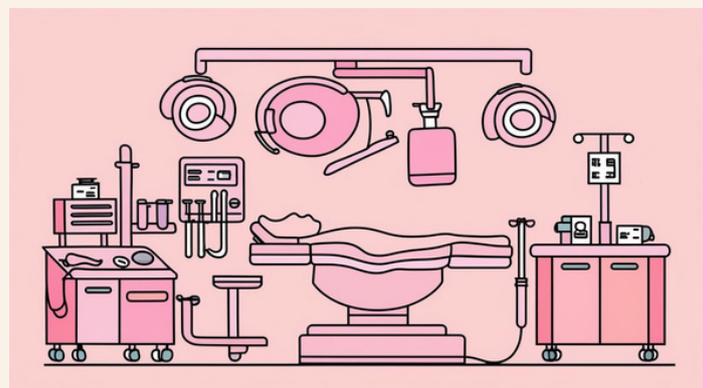
NICE and RCOG – always refer to local policies too

DEVELOP KEY CLINICAL SKILLS

- Abdominal and pelvic examinations
- Speculum and bimanual exams
- Sensitive communication – e.g., breaking bad news, delivering results
- Clear documentation – histories, procedures, MDT input

PRACTICAL PROCEDURES

- Assisting in vaginal and instrumental deliveries
- Wound care and closure during Caesarean sections
- Supporting the team during gynaecological emergencies





6. Organise your resources

Useful tools:

- Oxford Handbook of O&G
- RCOG Guidelines app
- Local Trust protocols
- TOG (The Obstetrician & Gynaecologist journal)

7. Engage in Teaching

- Attend departmental teaching and simulation training
- Present cases at M&M or audit meetings
- Participate in quality improvement projects

8. Build Confidence

- Shadow midwives, registrars, and SHOs
- Ask for supervision with new tasks
- Be proactive – volunteer to observe or assist

9. Look After Yourself

- O&G can be intense and emotional
- Access wellbeing support and talk to colleagues
- Maintain work-life balance and regular breaks

10. Clarify Assessment Requirements

- Complete Work-Based Assessments (WBAs)
- Keep reflective logs and e-Portfolio up to date
- Ask about audit/case presentation opportunities early
- Log procedures and reflect on clinical cases

11. Network and Integrate

- Get to know your consultants, registrars, midwives, and fellow juniors
- Join WhatsApp or Teams groups
- Learn from every member of the multidisciplinary team

FINAL THOUGHTS

Your O&G rotation will be a rich, memorable, and sometimes intense experience. Embrace every learning opportunity, stay curious, support your colleagues, and always ask for help when you need it.

You're not expected to know everything — just be willing to learn.