Didactics Outline 7/3/19

Hey guys, it’s the start of a new year and we’re going to be starting off with our OBGYN series. As we transition into a new year and fresh way of doing didactics with me and Hisham, I am really hoping to get into more interactive presentations that engage the audience. It’s important to focus on big pictures as opposed to covering minutiae from the readings. Feel free to do Kahoot or incorporate audience participation. So much of medicine is pattern recognition and building a database of what you’ve seen and heard. With that in mind, try and incorporate a clinical case that you’ve seen and what it has taught you. Also please try to include a few questions at some point during the presentation to keep people engaged and improve retention.

This week Dr. Hill will be reviewing the Foundations in EM and Rosh Review. Leslie Mahlmeister will be doing an introduction to QI from 8-830 and Dr. Chapman will be doing his presentation on Tropical Medicine, barring any unforeseen potholes on his way.

**Topic: OBGYN 1: Approach to pelvic pain and vaginal bleeding, Vaginal infections, Abnormal bleeding and Ovarian Torsion**

**DIDACTIC FACULTY: Dr. Calice**

**LECTURE FACULTY: Dr. Keyes**

* Greiner will review**General approach to pelvic pain and vaginal bleeding in non-pregnant patients**
  1. Review these case reports
     1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5488510/>
     2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3519057/>
  2. Discuss more typical causes of pelvic pain
  3. Give a differential for vaginal bleeding in non-pregnant patients and the appropriate workup and management
* Maner will review **PID/Cervicitis, TOA, Bartholin cysts**
  1. Present a case or clinical scenario that you’ve seen on the above topic
  2. Discuss approach to PID/Cervicitis
     1. Antibiotics of choice
     2. Utility of surgery in PID
  3. Discuss Bartholin cysts and how to use a Ward catheter
  4. Review tubo-ovarian abscesses and their management
* Hanley will review**Abnormal uterine bleeding and ovarian torsion**
  1. Present a case on the above topic
  2. Approach to ovarian torsion
  3. Diagnostic findings and predisposing factors to ovarian torsion
  4. Responsible for 10 question Kahoot on all topics covered today
* Oral Board Case: Drs. Calice and Hanley
* EKG/Radiology of the week: Dr. Keyes
* Cool FOAMED Links
  1. <http://www.emdocs.net/non-pregnant-vaginal-bleeding/>
  2. <http://www.emdocs.net/em3am-ovarian-torsion/>
  3. <https://em3.org.uk/foamed/14/5/2018/lightning-learning-pelvic-inflammatory-disease>

**FOMO Recap Pearls 6/26 Didactics Courtesy of Hisham**

* When thinking of teeth numbering. Remember the scene from Tommy Boy: It’s like reading! “Left to right, top to bottom”
* Patients can get Penicillin VK for free at Meijers
* For epistaxis: follow an algorithm: Afrin + apply pressure -> cotton balls w/ LET -> Merocel/balloon with thrombin/TXA/cocaine -> foley posterior packing
* Adults with new onset Otitis media: should always get ENT f/u. (~5% have nasopharyngeal carcinoma etiology)
* Afib with WPW – irregularly irregular with complexes that vary in shape and width – avoid AV nodal blockers like Amio: use procainamide (15-17 mg/kg) or electrical cardioversion if unstable