

OB Students—What you should know....

General

1. Do not leave the hospital w/o asking your resident if they need any further help.
2. No one leaves clinic until every pt has been seen.
3. Don't forget to go to CBCs, but if you're in the middle of a cool case, stay to finish.
4. Do not write on MEDICARE or GA MEDICAID charts w/o talking to the resident 1st.
5. EVERY presentation/note should start: "21-yo G2P1001 w/ IUP @ 12 weeks 1 day by LMP/6 week U/S..."
6. Do not do any pelvic exam/cervix check w/o a resident.
7. **The more you become a part of the team, the more fun stuff you will get to do.**

AP/PP

1. You are expected to pre-round on patients and present at formal rounds with MFM attending every day; plan to arrive at Shands by 5am every morning to pre-round with your resident.
2. Ask the interns the night before which pt(s) they want you to round on.
3. Our Department does not allow medical students to document in EPIC; so when you round on pts have a notebook and write a SOAP note to present to the intern to go over the plan and your findings on exam
4. Finish your AP SOAP note by ~5:45 a.m. so you have time to run it by the intern.
5. AP SOAP note includes: subjective: (ctxns, vaginal bleeding, fluid leaking, baby moving, plus anything relevant to major indication for hospital stay)
Objective: Vitals pertinent to indication for hosp stay or any abnormalities
Brief physical (general, heart, lungs, abd, ext)
A/P: model on previous day but with any updates of things that have changed
6. Make a copy of the H&P for the AP pt you present and your SOAP note to present during AP rounds.
7. During AP rounds, present the ENTIRE H&P for all new admissions or if the MFM attending is new; then present the hospital course up until that point and then any overnight events.
8. On any pt's who have abnormal BPs, document EVERY BP in your SOAP note over the past 24h period.
9. On PP, all pts need to be seen by a resident; ask your intern what patients they want you to see, make sure to ask patients if they are breastfeeding and what contraception they are interested in, palpate the abdomen to feel for a firm uterine fundus; do not remove bandages or examine wounds without your PGY-1 giving specific instructions to do this.

L&D/TRIAGE

1. Arrive to the Board at 7 a.m. for check out every day except Fridays, when checkout is at 8 a.m.
2. Laboring pts need notes q2h—look over notes in EPIC and discuss problems or abnormalities in the labor curve with your resident; never check a patient's cervix without your resident.
3. L&D soap notes Subjective:
Objective: AVSS (or specifics if anything abnormal)
Toco: (rate of contractions, level of pit, MVUs)
FHTs: (baseline, variability, accels, decels)
Cvx: (dilation, effacement, station, consistency, position)
A/P: only labor and postpartum care related things
4. When you hear overheads for "Doctor to room..." GO!
5. We will give you deliveries, but if the s*^% hits the fan, move out of the way so the resident can get the baby out.
6. In Triage, use the old paper form to document; then present to the resident and do the exam with the resident; do not perform any pelvic exams without resident present. Don't forget to document:
 - a. Review of Systems
 - b. Review of old medical records
 - c. Reason for visit
 - d. Diagnoses

Clinic

1. any patient on any hallway is fair game for you to see
2. if you've started to see a patient, you can review that case with any resident you see
3. if you see residents busy and you don't have anything to do, ask if there's something you can help with

General Topics to Read

1. Normal labor and delivery.
2. Preeclampsia/pregnancy-induced HTN.
3. DM in pregnancy/gestational DM.
4. Preterm labor.
5. Premature rupture of membranes.
6. PP management.
7. Birth control options and contraindications (breast feeding, med problems, etc).