

Equilibrating Expectations on L&D

*This template is meant to help set clear expectations for all students on day 1 with a **new L&D team**.
Please feel free to directly **cross out/edit/modify** the below template before signing!*

CONTACTS:

Usually, the first person to contact to touch base with the team should be: _____

- The BEST way to contact that person is (ie. Text cell, page, call phone, etc): _____

The secondary person to contact, if the first person is not free, is: _____

- The BEST way to contact that person is (ie. Text cell, page, call phone, etc): _____

If I have a question about what I will be expected to do "tomorrow" (ie. Postpartum rounds, self-study etc)

- The BEST person to talk to about that is: _____

As a medical student on your service, I am expecting to participate in:

1) POSTPARTUM ROUNDS:

When I postpartum round, I will be expected to (*chief- check all that apply*)

- ___ round on 1-3 patients each morning, prioritizing patients I helped deliver
- ___ perform a heart & lung exam, check fundal height and lower extremities
- ___ c-section bandages may removed 24-48 hours after cesarean section unless otherwise instructed
- ___ defer any sensitive exam maneuvers if necessary to the resident
- ___ know their labor and delivery course, vitals, GBS/Rubella/Rh status, contraception choice
- ___ write a note on each patients by ____: ____ am to be reviewed and co-signed by _____
- ___ present ____ (#) of my patients to (circle) the resident / the attending each morning when _____
- ___ read about the following topics to prepare for postpartum rounding: _____

****Pro Tip: Refer to your CANVAS page for Postpartum Round templates and PeriBirth videos!****

2) AM SIGNOUT HUDDLE (0800 WHC, 0700 GUH, 0730 VHC)

___ Expectations of me during AM Huddle include _____

3) OB Triage:

___ I will know who I can start triaging by: _____

___ I will know which resident to go to regarding this patient by: _____

When I triage a patient, I will be expected to (*chief- check all that apply*)

- ___ take a focused history (generally no more than 10 mins) including the patient's chief complaint, prenatal course and pregnancy complications, pertinent ob, gyn, medical and surgical histories and present this to the assigned resident
- ___ include their vital signs, FHT interpretation and contraction frequency in my presentation
- ___ ultrasound for fetal position when applicable and leave ultrasound set up for resident to confirm
- ___ DEFER ANY SENSITIVE EXAM MANEUVERS until the resident is with me
- ___ If a patient looks very uncomfortable in OB Triage, alert a resident right away
- ___ Write the H&P in the EHR to be reviewed and signed by the resident
- ___ I will read about the following topics to prepare for OB triage: _____

*****Pro Tip: Refer to your CANVAS page for OB Triage H&P templates and PeriBirth videos!*****

4) LABOR / INDUCTION / Mag PATIENTS

- ☐ I will know which laboring patients to follow by: _____
- ☐ I will know which resident to go to regarding this patient by: _____

When following a laboring/ induction / mag patient, I will be expected to (*chief- check all that apply*)

- ☐ Introduce myself to the patient and ask permission to assist in her labor and delivery
- ☐ Check on the patient and FHT every 2 hours and communicate your impressions with the resident
- ☐ Write a round note every 2 hours including FHT review to be co-signed by the resident
- ☐ Assist in pushing, the delivery of the baby and placenta
- ☐ I will read about the following topics to prepare for Labor / induction rounding: _____

*****Pro Tip: Refer to your CANVAS page for Round Note Templates and PeriBirth videos!*****

5) CESAREAN SECTIONS

I will know when to get involved in a cesarean section by: _____

When helping in a cesarean section, I will be expected to (*chief- check all that apply*)

- ☐ pull my own gloves for the scrub tech and introduce myself to OR staff
- ☐ help move the patient on and off the stretcher
- ☐ assist in the surgery and be asked questions about the anatomy by the resident/faculty
- ☐ help move the patient to the recovery room
- ☐ check on the patient 2-4 hours after the surgery
- ☐ write a post-op check note in the chart and discuss any concerns with the resident

DOWNTIME:

On a slow day, I will know it is ok to go and study because _____

A good place to go and study is _____

At the end of the day, I will know it is ok for me to leave the hospital because: _____

FEEDBACK:

The best time to get feedback on my performance is _____

My midterm feedback form will be completed with me by: _____

Additional Chief-Specific Expectations for this week:

Additional Student-Specific Expectations for this week:

Student Name: _____

Date: _____

Reviewing Chief/Senior Resident: _____ **Date** _____