Medical Students Guide to Kapiolani Medical Center
Labor and Delivery

1. Terminology
   - The stat board on Karelink: the stat board shows all laboring patients and some basic information about their labor course
        i. NT (non teaching) or No Res (no residents): residents and medical students should NOT see these patients
        ii. No MS (no medical students): med students should NOT see this patient
        iii. CNM (midwife patients): residents and med students know about these patients but do not participate in their delivery

2. Your responsibilities
   - "Res evals": (history and physicals). When you see "res eval" on the stat board, this patient needs an H+P.
        i. In general, you will be seeing term patients (>37 weeks) however you should participate in the work up of some preterm patients. By the end of the rotation, you should understand the basic evaluation and management of preterm patients
        ii. Let one of the residents know when you go to do a res eval. After you complete the H+P and type it into Karelink present it to one of the residents. They will go over it with you.
   - Follow term patients (≥37wks)
        i. Divide up term patients
        ii. Know their labor course (dilation, epidurals, complications, fetal heart rate tracings, etc)
        iii. You do not need to write progress notes (this is for residents and sub-I's only)
        iv. Be able to present patients you are following succinctly in sign out/sign in rounds

3. Prioritizing patients
   - Follow KHS patients and UH attending patients first

4. Which patients do you need to round on in the morning?
   - If you were present for the delivery, you should round on the patient. You do not need to round on patients you followed in labor or completed an H+P for unless you were present for their delivery.
   - You should not see patients before 0500. You may come in earlier to "pre-round" if needed.
   - There is no "max limit" number of patients that can be followed, but if feeling overwhelmed, then discuss with the team to see if it would be appropriate to lighten the rounding load.
   - Read residents' soap notes and ask residents or attendings for feedback on your notes.
   - C/Sections need 1 morning note a day.

      i. Remove staples on pod #3 and place steri strips (but check with resident to confirm)

      ii. If complications are present then more notes may be required.

- Vaginal deliveries need one note a day unless complications are present.
    - i. You do not need to round on postpartum day #0. Example: if a patient delivered at 1 am on 1/1/05 you do not need to round on them until the morning of 1/2/05
- ICU patients need 2 notes a day (one in the am and one in the pm)
- Round on patient until patient is discharged home, unless told otherwise.

5. Be able to read fetal heart rate tracings by the end of your rotation

6. Participate in sign in rounds
    - Sign in rounds start at 0645 everyday on the 8th floor.
    - Listen to sign in rounds carefully, you will learn about all the laboring patients on the floor and any plans for their labor course
    - You may be asked to present patients or learning issues, be prepared.

7. Participate in sign out rounds if you are on call
    - Sign out rounds happen at 1730 pm
    - If you are not on call you can leave at 1700-1730
    - If you are on call, listen to rounds carefully, ask questions, etc.

8. Always communicate with the residents
    - Let them know when you are going to lecture, colloquia, lunch, etc.
    - Meals: L+D is busy and unpredictable. Eat when you can (you will not have scheduled "lunch hours" or protected time to eat
    - Your tutorials and lectures are a priority. Let the residents and attendings know if you need to scrub out of a c/section or delivery.

9. Practice your knot tying and suturing
    - You should learn how to tie a two handed and one handed knot on this rotation.

10. Be proactive about your learning
    - There are often emergencies on L+D. Follow residents who respond to the emergency calls. They might not have time to explain things to you during the emergency but they can teach after the emergency.
    - Preterm deliveries: (<34 wks) you will most likely not be allowed to participate in these deliveries but you can watch them and involve yourself in their care. Be sensitive to the situation, sometimes they need extra room for the peds team and there might not be enough room for you.
    - Unfortunately, the first year residents may "bump" you out of a delivery. They have to do this for their own learning and experience. This happens more frequently in the first 6 months of the academic year and with family practice residents. Don't worry, there are plenty of deliveries and you will be able to catch a few babies of your own.

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Gynecology Service

1. Check with chief resident on time and place to meet in the morning prior to starting.

2. You are expected to scrub on all assigned cases and participate in ER visits and GYN floor calls as needed.

3. PBL and lectures are protected time and have priority over clinical duties (even surgical cases). You are expected to be on time to these activities.

4. The numbers given for case requirements are MINIMUMS. If assigned to more, then you are expected to scrub in and round on those patients.

5. Read up on surgical indications and procedure being done prior to scrubbing in.

6. Unless told otherwise, assume that you will be responsible to round on:
   a. Any ER or GYN patient you helped admit or you are assigned to.
   b. Any post-op patient that you scrubbed on.

7. Round on all post-op patients twice a day until the patient is stable enough for once a day rounding (check with your resident for when that is appropriate).

8. All post-op patients should get a post-op check about 4-6 hours after the case is completed (that includes a note in the chart).

9. If not on call, you are expected to be in house until 1700-1730 unless told otherwise by the residents or attendings on the team (this applies even when no cases are going on – may always be a good idea to let your chief resident know?). Use this "down time" to round on patients, follow up on labs, or read.