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**VIEW**

## Fellowship Survival Guide

last edited by [Nicole Yonke](#) 10 months ago

[Page history](#)

**MONDAY:**

Center for Reproductive Health (when assigned)

2301 Yale Blvd SE

Building E

Albuquerque NM

\* Look up schedule under the attending's name (usually Adela Tam or Nicole Yonke, sometimes Kira

Paisley or Jennifer Phillips)

**TUESDAY**

Milagro (multiple providers in morning)

Family Practice Center Pod 2

2400 Tucker Rd SE

Albuquerque NM 87131

505-264-8062

fax 505-994-7930

telephone # to give to patients: 505-463-8293

North Valley Clinic (regular FM precepting some afternoons)

3401 4th Street NW

Albuquerque NM 87107

Medical Director Val Carrejo cell 505-362-3175

**WEDNESDAY**

OB Fellow's Clinic (in morning)

Family Practice Center Pod 2

2400 Tucker Rd SE

Albuquerque NM 87131

505-272-1734

fax 505 272 1736

MA: Norma Velasquez

Milagro (solo fellow in afternoon +/- OBGYN)

Family Practice Center Pod 2

2400 Tucker Rd SE

Albuquerque NM 87131

505-264-8062

fax 505-994-7930

telephone # to give to patients: 505-463-8293

**THURSDAY**

First Choice Los Lunas (all day)

145 Don Pasqual NW

Los Lunas NM 87031

MA Evangeline (Vangie) Baca (cell) 505-388-6815

Angelique Silva (cell) 505-559-3233 or 505-835-4495

**FRIDAY**

Northeast Heights Clinic (In morning. May be cancelled)

7801 Academy Blvd NE

**SideBar****List of Most Used Links****Forms**

[FM Adult Admission Criteria](#) January 2020

[Adult FM-IM transfer protocol](#)

[Peds-FM transfer protocol](#)

[Geriatric Trauma Consultation Agreement](#)

[FM Peds Criteria July 2019.pdf](#)

[FM H&P Form](#)

[MCH H&P Form.pdf](#)

[General Residency Policies and Procedures](#) (must be logged in)

**Rotation Info**

[Required Rotation Catalog](#)

[Elective Listing](#)

**Intern Orientation Resources**

[Intern Orientation Resources](#)

**IPS Resources**

[FM Inpatient Service Main Page](#)

[Inpatient Education Conference Schedule](#)

[Clinical Learning in Practice \(CLIPS\)](#)

[Inpatient Orientation Page](#)

[UNM Documentation Tips](#)

**MCH Info**

[MCH Main Page](#) (must login)

[MCH Teaching Schedule](#)

[MCH Documentation Guidelines and Note Templates](#)

(public)

[MCH Clinical Guidelines](#) 2019 (must login)

[MCH Clinical Forms](#) (public)

[MCH UNM Care Guidelines](#)

[Ambulatory Women's Health](#) (must login)

[Family Planning Resources](#) (must login)

[MCH Beta Book](#) (must login)

[Milagro](#) (public)

[MCH Public Page](#) (public)

[MCH Admitting Guidelines](#)

[MCH Newborn Care](#) (must login)

[MCH Patient Education](#) (public)

[MCH Fellowship](#)

**Educational Resources**

[Articles Page](#)

**POCUS Resources**

[POCUS Teaching](#)

[POCUS Documentation](#)

**Wellness****Current Year**

[2019-2020 Resident School Schedule](#)

**Previous Years**

[2018-2019 Resident School Schedule](#)

[2017-2018 Resident School Schedule](#)

[2016-2017 Resident School Schedule](#)

[2015-2016 Resident School Schedule](#)

[2014-2015 Resident School Schedule](#)

[Selected Resident School Video Recordings](#)

Albuquerque NM 87109  
 505-272-2700  
 fax 505-272-2760  
 MA: Joanna Acosta “extern” Shannon Miles

First Choice South Valley (usually only senior fellow)  
 2001 N Centro Familiar Suite A  
 Albuquerque NM 87105

### **Morning Conferences:**

Monday 7 am Ryan curriculum with OB and FM residents  
 OB Conference Room in the main/old hospital  
 Attend as able; intention is to complete 8-part curriculum over two years

Tuesday 7 am MCH Teaching Rounds  
 L&D conference room  
 Mandatory attendance 2 mornings per month. You will get outlook invite.  
 Other Tuesdays are run by MCH back-up faculty/fellows (Dr. Yonke organizes), she may ask you to present.  
 When MCH attending on the Tuesday full group teaching, you bring breakfast for the team (night team, day team, fellows, random attendings).

Tuesday 7:45 am “Pre-op” Conference  
 L&D conference room  
 Middle fellow prepares list of scheduled C/S in the next two weeks and updates the L&D procedures care team cache.  
 At least one MCH Fellow needs to be there, good to go when you can for learning. OB & Anesthesia also attending.

Wednesday 7 am Co-follow  
 FPC Conference Room 302  
 Every other Wednesday morning 7-8 (theoretically - the middle fellow should help coordinate with fellows/attendings to make sure that this gets scheduled. Martina Garcia can reserve FPC and L&D charge nurse can reserve the conference room on Labor and Delivery)  
 Middle fellow prepares list of high-risk patients which are then presented to full fellowship.

Wednesday 1-3 pm Resident School  
 once per month when topic is MCH  
 Pavilion Conference room near elevators  
 All Fellows expected to be there if not post-call, primary call, in clinic, or on vacation  
 Plan to present once during residency

### **Navigating the EMR:**

Los Lunas off-site access:  
<https://pwx.cernerworks.com>  
 Find schedule under: fellow’s last name, first name

Lovelace off-site access:  
<https://my.ardenthealth.com/logon/LogonPoint/index.html>

### **Schedules:**

For all UNMH clinics:

How to access clinic schedule:  
 Under the “Resource” field in Powerchart, use the following to identify different clinics:

Milagro (FPC) “FP Milagro MD”, (NV) “North Valley Milagro Provider”, (SEH) “FP SEH Milagro MD”  
 Northeast Heights “NEH OB Provider”  
 Fellows Clinic “FP OB Fellow”  
 MFM “WHC Diabetes” or “WHC MFM Clinic”

[Patient Safety Forum](#)  
[Population Health and Scholarship](#)

[Interim Educational Summary \(IES\) Resources from the CCC](#)

[Advisors Information Page](#)

[Web Clinical Resources for Providers](#) (useful applications, websites)  
[Community Resources](#)  
[Board Prep Resources](#)  
[PA Student Rotation Page](#)  
[Medical Calculators](#)

[Milestones](#)

### **Clinics**

[Southeast Heights Clinic Page](#)  
[One Hope Clinic](#)

### **UNMH websites**

[HSC Intranet](#)  
[Antimicrobial Stewardship](#) (must be on intranet)  
[UNMH Pharmacy Website](#) (must be on intranet)

[UNM FM Student Application Overview](#)

[SOM Family Medicine Match Advisement](#)

### **Recent Activity**

**2019-2020 Resident School Schedule**  
 edited by nkbacka@salud.unm.edu

**2019-2020 Resident School Schedule**  
 edited by nkbacka@salud.unm.edu

**2019-2020 Resident School Schedule**  
 edited by nkbacka@salud.unm.edu

**Friday Inpatient Lecture Schedule**  
 edited by sjpeters

**2019-2020 Resident School Schedule**  
 edited by nkbacka@salud.unm.edu

**2019-2020 MICU VA - Rotation Schedules**  
 edited by Dolores L. Garcia

**Quality Improvement (IHI Open School) ...**  
 edited by kzchang@salud.unm.edu

[More activity...](#)

L&D procedures (IOL, version, etc): “L+D Procedures”

L&D OR: “SN UH LD 13” and “SN UH LD 14” and “SN UH LD 15”

Newborn Clinic (when you are MCH or NBN attending): “Newborn Clinic 1” “Newborn Clinic 2”

There is not one for CRH - the schedule is just under the attending’s name.

### **DICTATION:**

Dial 29007

ID Code: 0 billing #

Work Type: 3# (for op note)

Patient’s Account Number: FIN# (not MRN)

then there’s a beep

start dictating

9 to end

record dictation # on brief op note

1= Listen/Play	6= Go To The End of File
2= Dictate/Record Over	7= Fast Forward
3= Short Rewind	8= Go To The Beginning
4= Pause Stop	9= Disconnect Phone
5= Next Report	0= Replay Report #

\* Faculty WANT you to dictate, don’t type your full Op Note - but you SHOULD immediately type the Brief Op note\*

If you type it and forward, it won’t be visible until signed by faculty. This is why it’s important to dictate - so it’s immediately available to be viewed by everyone. They also want to be able to edit it. So dictate it, then it shows up in your Powerchart Inbox, **don’t sign**, instead make any edits you want, save it, and forward it to the faculty you operated with. They make take weeks to sign it - not your problem. When it comes back to you from them, THEN you sign it. You won’t know they’ve signed unless you look at all the sign/request details of the note (grab border and drag it up - otherwise it will look the same to you in your inbox whether it is signed or unsigned (unless you look under “results status” column and it will say authorized or unauthorized).

### **NOTES ON NEWBORN NURSERY**

- Physically located in MBU. When on NBN, you care for any babies delivered by OB/MFM and CNMs. The board is color coded so you know which service they’re on; green are babies delivered by MCH service and the MCH team rounds on them.
- You’ll start as co-resident and after you get settled, function as co-attending, and then be attending on you own. Check Amion to see which week you start being the solo attending
- Team is Attending & at least one Peds intern and one FM intern, sometimes a nurse practitioner (Connie or Rochelle), sometimes med student(s)
- For the first several hours (18?) after birth, mom and baby have separate nurses (thus there are two charge nurses in MBU) then they transition to a couplet nurse
- Residents arrive earlier to pre-round (encourage them to get all computer pre-rounding done before you show up), attending has to be there no later than 8am for the morning sign out where charge nurse will run the list with the team, Lactation will discuss any patient issues, Social Work will discuss any patient issues, and hopefully by 8:15 the OB team comes by to talk about which moms they want to send home and coordinate with which babies we want to send home
- Standing admission orders are entered under attending’s name by nursing staff after delivery, then attending approves them when they arrive in the daytime
- Depending on how busy the service is, do not have to admit babies after 3 pm on weekdays or after 2 pm on weekends, but a resident and attending have to be in house until at least 4pm on weekdays and 3pm on weekends. Doing late admissions might make your next morning easier, but it’s up to you.
- All newborns on discharge need to be seen between 1-3 days after discharge, typically scheduled in Newborn Clinic at UNMH unless they schedule an appt with PCP, last resort is GPC Urgent Care in main hospital. On days there is a mid-level, they will see all the babies in NBC, but if there’s no mid-

- level then the NBN attending also has to see all the NBC babies and write notes on them which can be intense, so if possible, encourage the initial visit to be scheduled with PCP when possible.
- After Hours Pediatrics is a group of clinics that have daytime hours but also extended weekend hours and can be a place to send babies if needed
  - Cannot be seen in Newborn Clinic once they have been seen by PCP
  - Only attending can enter discharge order on newborns. Must order Attending Confirmation on all patients
  - Make sure you get "Newborn" band added to your "Interactive View/I&O" - directions to add are written on a flyer in the NBN
  - Teaching happens at 11am Mon-Fri, schedule on the board to see who teaches. Work to get whole team in room on time. Tuesday is attending teaching, may be NBN attending or the ICN attending, so coordinate on Monday to avoid surprises.
  - Usually at least one intern is gone in the afternoon for clinic or resident school
  - Your job is to see all the babies, teach, and make sure someone is seeing all of the Newborn Clinic babies
  - Often you'll also be backup Fellow for the weekend that you're NBN attending. Sucks. MBU gets irritated with us. Communicate with the MCH team and the back-up attending that you are also newborn nursery attending to make sure you are not away from nursery too long. MCH back-up should try to help out to minimize your time away.
  - Two keys: organization! and Trust But Verify! [all calcs, etc]
  - One option for organizing is to build your own patient list like "Baby Rounding", add all the NBN babies to it. Minimize clicking by checking each of the daily things (weight loss, latch, CCHD, etc) by looking at one screen at a time, say, the vital sign screen, then clicking through all the babies in a row using the forward/back "list" arrows on the top right of the screen near the patient search box "recent" charts drop down menu
  - Great resource binder in the work room called "Big Book of Protocols" that can help you figure out how we do all the basic baby stuff here. You don't have to memorize it, but should know where to find things in it.
  - Where to find data in the chart:
    - hearing screen (under clinical notes -> inpatient notes -> progress notes -> newborn hearing screen) [apparently also sometimes shows up on Provider View]
    - CCHD (results review -> assessments -> CCHD or occasionally Initial Assessment)
    - metabolic screen (orders -> laboratory -> look to make sure it is "in process/in-lab" instead of just "ordered")
    - latch score (results review -> assessments -> LATCH assessment)
    - serum bilirubin (results review -> lab recent)
    - transcutaneous bilirubin (results review -> assessments -> newborn phototherapy) [also sneaky transcutaneous bilirubin (interactive view/i&o -> newborn -> transcutaneous jaundice)
    - feeds & stools/voids (interactive view/i&o -> intake and output)
    - social work notes / overnight nurse notes (results review -> Multi-D summary)

### **NOTES ON MFM BLOCK:**

- Meet up in conference room ("MFM room") on OBSC
- Check with OB resident the night before to see how many pts you'll be rounding on (though can change overnight)
- See pts, review NST, and get note prepped prior to 7am. At 7am, the main MFM team goes to L&D board room for sign-out of laboring patients, then returns to the MFM room for "table rounds"
- Table rounds usually followed by group bedside rounds and then clinic
- Note should be submitted prior to clinic/other tasks. Very prompt is expected.
- When rounds done, you have MFM clinic a couple of days each week over in the old hospital vs in the newer Eubank MFM clinic, and other days have time to do MFM floor work or other tasks.
- You will never be attending there, but MFM time helps you get to know those attendings and sometimes learn a little more about higher risk patients than we manage. Sometimes you'll get more US experience.

### **NOTES ON ICN-3:**

- You'll do a month of co-resident block there first to get used to the unit then will become the ICN-3 attending
- Once you start ICN-3 attending, you'll round with residents (usually starting ~9am or so), then run the baby list with the FM-OB faculty backup. This can be weird for the residents because they expect you to be able to make final calls
- You might be on fellow's backup and ICN-3 attending at the same time; nurses hate this, but we sometimes get scheduled that way. Try to minimize impact to the unit if possible and let

team and your back-up attending know so they can help out.

Often a steep learning curve on this rotation if you didn't do NICU in residency. That's fine! There is an ICN-3 website that can help (login info taped to each computer there) as well as a great binder with articles & protocols that lives on the resident desk

### NOTES ON FIRST CHOICE LOS LUNAS:

Eva Warner is good resource for figuring out how to order things. She is a midwife, who unfortunately is not physically in clinic when you are, but she is often available by text. MAs do not know how to place many orders, so other providers can help.

This is the only clinic where the expectation/agreement is that we show up there @8:00 and stay until at least 4, even if the first patient isn't scheduled till later in the morning (has to do with contract with FCLL). Please show up on time since they may add on walk ins and stay until 4.

This is also the only clinic where we have to record our hours via an online time sheet ("TLO" icon on the desktop); get logins and info from Charity (or call Loretta Mosley 873-7403 for your login) AND you have to send an email to Andrea AND/OR you have to email one of the DFCM HR person (Bettie Kehele, [BKaehele@salud.unm.edu](mailto:BKaehele@salud.unm.edu)) with your hours. This can be very brief such as "FCLL 2/2 8-4"

You may have random non-ob/gyn walk-ins put in your schedule there

You have to fill out "depart" in Cerner w/med rec, f/u appt etc, and do billing in Cerner before the person leaves the clinic, which you don't have to do in UNM clinics

If pt needs US through New Mexico sono or PANM or Pinon, order in FC-Cerner as Referral Request and select radiology and put details in the comments section

If pt needs US @ UNM, genetic screen, fetal testing or anything else at UNM, you have to log in remote access to UNM-Cerner and place the ad-hoc

There is an on-site phlebotomist who can draw blood to send to Tricore, and the orders we put in FC-Cerner can only be seen by that person (not the main Tricore lab. The right order for these labs has the lab name then "(Tricore)" after it. Labs that have "(Request)" after it won't usually work unless you talk to the lab first

If a patient wants to get labs drawn at any other location, like another Tricore lab, those orders have to either be on a paper Tricore form (ask Monique in Lab) or be entered into UNM-Cerner so they can be seen by any Tricore Lab

Genetic screening can happen without any extra paperwork at Pinon or PANM, and via UNM-Cerner Ad Hoc for UNM, but if patient is going to New Mexico Sonographics for NT, they use ARUP lab and need a paper form that is in the file cabinet at the desk

Most referrals just use the same order "Referral (Request)" then drop down menu for specialty and notes in the comments section

It's critical to set-up your own favorites folders for labs, dx, meds, etc since we aren't down there using the FC-Cerner system as frequently, easy to forget between clinics, and it's super frustrating & slow to keep looking the same thing up every time.

Two note options: (1) Use regular Physician Documentation with nice formatting just like we do at UNM - though note defaults to PowerNote rather than Dynamic Doc note so adjust prior to opening the note (2) Historically the way we did it: Write your note as "OB Antepartum Note" by going to summary screen, look for GsPs and right under that click the down arrow to select "OB Progress Note" (that turns into antepartum note), sign by checking green check box similar to ad-hoc. You can revise the note by scrolling down to the "Forms" box on the Summary page, right click the note to modify. Formatting is easier if you start note in dynamic doc or in a Word Document then copy-paste into the antepartum note then delete dynamic doc note, but up to you.

In addition to the note, new OBs and post-partum visits have to be entered in a special "UDS" form, click on ad hoc, then Reporting, then Uniform Data System Reporting, then answer first two questions about entry into care, leave the rest blank, hit save (NOT the green check box) and at postpartum visit return to that form and answer question about did patient deliver in this year, click yes, that opens up another form that asks if delivery was by health center provider, answer NO bc it's at UNM rather than First Choice, select baby's race, then click green check box to close the pregnancy.

Consider using the same type of note template you use at UNM so keep better track of labs, US, etc. This will make the pregnancy summary note busy and harder to read but you can see the same note in dynamic doc style under Provider Documentation tab.

Best practice is to copy the entire FC-Cerner pregnancy summary and paste it into a UNM-Cerner note after each visit to maximize communication; not all residents & attendings on L&D have FC-Cerner access and if a pt comes to OBT they may wind up calling in the backup fellow for FC computer access if the note isn't there. If you are doing the more comprehensive

notes with all the stuff we include at UNM (labs, US, etc), feel free to only copy that day's note into UNM-Cerner rather than the entire pregnancy summary

Any high risk pt at Los Lunas should continue to be staffed with backup faculty throughout fellowship; at the beginning you'll staff all patients with them.

### **ORDERING THINGS**

Use your "favorites" for labs, meds, etc

Get to know what has to be ordered through ad-hoc form

### **OB ultrasounds**

Place as ad hoc order "Women's Imaging OB Consult"

Info needed for order includes GsPs, LMP, EDD, telephone and fax # for clinic

Indicate if they need serial US in order

If history of C/S request visualization of placenta at scar

Referrals to MFM and genetics counselor through the same Ad-Hoc (MD consult, or genetics consult)

### **Fetal testing**

Ad hoc "Fetal Testing Request"

Call Triage 272-2460 to arrange the first visit if urgent, then they will schedule the rest

If pt misses an appointment, they won't get re-scheduled, might have to call again

### **Diabetes Education**

Ad-hoc, but not how you think - it's NOT "Diabetes Ed and Training Referral". Instead it's "OB+GYN Consult Request", choose ASAP/Routine then "pregnant" then on next page pick "MFM Consultation" and "Diabetes/GDM"

### **Genetics Counseling/Screening**

Ad-hoc "Women's Imaging OB Consult Request Form", choose service requested "Genetic Counseling"

### **SHIFTPLANNING:**

You can get shiftplanning to populate into your apple, gmail, or outlook calendars

Shiftplanning gets updated way more frequently than the rare schedules Andrea will send as an attachment, shiftplanning takes priority over that pdf document

If there is a conflict between Amion and Shiftplanning, Amion wins

Sometimes the hour you start or end isn't reflected in shiftplanning (e.g. covering L&D on Friday, shiftplanning says 7:30, but you need to be there for board sign out at 7a, similar with MCH primary attending, MFM block, etc.)

Logins are shared to see other fellows' schedules for a variety of reasons

Please don't change your shiftplanning password during fellowship

login name and password are identical

sgurule

ebulleit

### **GETTING THINGS DONE:**

#### **Schedule a section:**

Call L&D 505-272-2603, ask to schedule a section

Look at schedule: Resource "SN UH LD 13" "SN UH LD 14" "SN UH LD 15" to see what is available

Check amion, and see which faculty/fellow are on backup that day

Send power chart message to faculty to confirm that date works (some faculty are willing to do more complicated sections than others, or they may have something else planned that morning even though officially being on backup)

On Friday morning there is only one slot for section at 10am (no 8am slot) because the Anesthesia residents have Resident School

#### **On the day of the section:**

Call L&D around 6:30 and ask to speak with charge RN, ask if still on schedule and if patient has arrived, gotten labs, and if anesthesia is aware.

If pt isn't on L&D PACU at that time, they might be on OB/T getting that all done

Arrive around 7am to consent patient, makes sure labs are back, check again with RN that things are running on time  
 Attend 7:20a "Surgical Huddle" in board room with charge nurse and Anesthesia to discuss the day's cases, any special needs or scheduling issues  
 Bedside US to confirm vertex, eval placenta location (distance from scar if anterior placenta)  
 Text backup faculty with updates (know BMI, prior surgeries, placenta location, H/H, contraception plan)  
 Write H&P for patient

#### After the section:

Fill out the OB delivery form (under form browser) in powerchart  
 Powerorders "postpartum c/s admit" and "postpartum c/s pain" - adjust pain orders for those who do not get duramorph.  
 Write brief op note  
 Dictate full op note (& forward to faculty for signature after transcribed)  
 Fill out delivery database (see bulletin board in stinky room for details on how to add the shared delivery database to each computer)  
 Update team (they can do cache, but it's classy if you do it since you delivered)  
 Log procedure  
 Order pathology for placenta (if you are sending) in the computer as surgical pathology and a paper form (tech at front desk can show you where this is).

#### Planning a tubal

If you are the next-day fellow but not the prior-night fellow, choose a way for residents to contact you (pager? text? call? list it on the flyer in the stinky room) at 6am to let you know about last-minute 07:30 tubals since you'll have to come in earlier than the official start of your 07:30 shift to be able to get the patient prepped  
 If postpartum, contact backup faculty the night before to let them know it's scheduled. Confirm NPO after midnight order is in  
 In the morning, confirm federal consent is signed, assess BMI (<40 easier) and how much of that is central obesity, insurance status (self-pay may get billed, unclear how much), H/H ordered for am, prior surgeries  
 Call charge RN in am to ensure still on the schedule. Ask if MBU has called for the patient to come upstairs - we are trying to do 07:30am tubals but for that to happen on time, the patient HAS to get brought up on night shift, so if you know about it ahead of time, call in the night before to night nurse on MBU & night charge on L&D to coordinate that happening at 06:00 or 06:30 latest  
 Attend surgical huddle at 07:20 as above  
 Examine fundus and pannus  
 Write pre-op note (=obpptl)  
 Order Bicitra

#### After tubal

Powerorders -> ob -> BTL pain  
 Write brief op note  
 Dictate regular op note (& forward to faculty for signature after transcribed)  
 Log procedure in New Innovations

#### Planning a version

Ask faculty & patient if attempt in OR with spinal or PACU without anesthesia  
 Call charge RN in am to confirm she is there, needs T&S, reactive NST  
 Arrive 1 hr early for bedside US to assess presentation, placenta location, AFI  
 Order Bicitra and terbutaline (and nitrous if she wants it)  
 Give bolus if oligo, repeat AFI  
 Consent for version/section  
 Note is outpatient H&P, plus procedure note, or can combine both into an OBT note  
 Log procedure in New Innovations

#### **BEING ON-CALL FOR FELLOWS BACKUP:**

Check the surgical schedule the night before to see what's happening in the OR; if there is an 8am section, you'll need to go in much earlier to official 7:30a backup call start to make sure things move forward on time, minimally for the 7:20 surgical huddle  
 Do any planned sections, PPTL, versions

Take phone calls from providers at any of the clinics that deliver with us (residents, other family med clinics, IHS, any First Choice clinics)  
 Attend all deliveries for patients from Los Lunas, NE Heights, even if you don't know them (billing for these conti deliveries helps fund Fellows salaries)  
 Review & sign off on any NSTs from OBSC or other prenatal patients  
 Help cover for other fellows/faculty as needed (e.g. if a Wednesday pm Milagro clinic gets too busy for the fellow, or Larry has a random meeting, etc)  
 Round on any Fellows' pts already in-house (i.e. Category D or E pts); stalk powerchart for other patients we aren't necessarily following but who we want to make sure are ok (e.g. postpartum pre-E pts who don't need meds so we aren't following, but we want to make sure that team isn't missing any elevated BPs)  
 Respond to team requests to eval pts (e.g. strips that look bad, pre-e w/SF r/o, bup starts, etc).  
 Cover for the OB residents when they are at resident school (Friday mornings starting at 7am for board sign out even though your schedule might say 7:30 until 12:30 ish)

### **BEING ON-CALL FOR LOVELACE:**

You are usually schedule for Lovelace and UNM back-up at the same time. **Lovelace is the priority, not UNM.** If you are called for something at Lovelace and UNM at the same time or you are called by Lovelace while you are at UNM, you should leave UNM and go to Lovelace. Let the team know if you are at Lovelace operating so they know to call the back-up attending first instead of you. If there are surgical cases at both places, UNM back-up will operate with FM or OB residents instead while you are at Lovelace. It is very important that you are available for attendings at Lovelace. They do not have anyone else to assist them and could chose to no longer work with us if we are not available when they need us. This site is important for us to get our numbers so we need to keep them happy. UNM can get by without us if we are needed at both places.

Ideally, touch base with OB resident on Friday to find out how many pts you'll have to round on over the weekend, then let that person know how many they'll have on Monday

Call Lovelace L&D friday at 5pm to make sure they know how to contact you

They have two groups Women's Specialists and Lovelace Medical Group

You only round on patients who had residents/fellows participating in their sections. If they just had the surg tech help, you don't do the rounding

Round on all c-section patients (for both OB groups) on Saturday & Sunday morning - figure out who to round on based on the list on their version of MBU (but occasionally there will be pts on other floors). The expectation is that you'll have seen all patients and pretty much have written all notes by 7am, which is when the OB attendings typically show up and are ready to staff the pts. Write progress notes or discharge summaries as required, do med recs, etc. In general, pts there will make their own f/u appts (generally 1-2 wk post-op f/u with surgeon then 4-6 wks with whoever did their prenatal care). They do a bad job about asking about contraception prenatally

Operate if they have any sections over the weekend - very rarely there are scheduled weekend sections, mostly it's just when they call. You won't be involved in any decisions about whether or not to operate (sometimes for dubious reasons) or consenting the patient - just show up, operate, write post-op orders and dictate or write op note.

The floor might call you for random orders like miralax throughout the day

After rounding at Lovelace in the morning, go back to UNM to round on those patients.

Communicate with the main UNM MCH attending so they know you are on call both places

If you're getting called to be at UNM and Lovelace at the same time, you operate at Lovelace and the faculty will cover you at UNM until you are free again.

### **CONTACTING FACULTY**

Usually text is best

Larry: Try text first, if no response and it is semi urgent, call

Nicole: text or call or page if no answer

Sandra: call, may text

### **THINGS TO KEEP TRACK OF:**

All of your procedures

C/S, PPTL, ECVs, vacuums, 3rd/4th degree repairs, abortion

Resident vaginal deliveries you supervise

Ultrasounds (1st tri, BPP, biometry)

Which journal clubs you attended and which articles you presented



Your vacation days: they are use-it-or-lose-it, the UNM HR website is not always up to date if Andrea hasn't given them info.

### **JOURNAL CLUBS:**

We attend 3 different ones: Fellows teaching, MFM, and Family Planning

Required to submit 4 written epi critiques per year total from any combo of those

Fellows teaching happens more or less monthly, either at a Tuesday afternoon admin meeting along with co-follow or sometimes the faculty will take us out to dinner in the evening for just teaching. Required to be there unless actively involved in a case on L&D. All our faculty are there.

Each Fellow presents an article during teaching; first time you might not have to

Family Planning Journal club always happens at Eve Espey's house (712 Sundown Place SE in Ridgcrest neighborhood) with snacks & is fun. There will be 2-3 articles and one of our Fellows presents one of them - we decide amongst ourselves who presents based on what we're scheduled for but generally take turns. This journal club seems to happen about every 2-3 months. The expectation is that we are all there unless active at the hospital. Usually relevant/interesting. Some of our faculty are always there.

Maternal Fetal Medicine journal club rotates through the houses of MFM Faculty, sometimes snacks but not always. They generally have two articles that are presented by two of the MFM Fellows. Sometimes relevant/interesting. Attending is partially political to improve connections between departments, so the expectation is that at least one of us make it out each time to represent, ideally more than one of us. Our faculty are rarely there. They don't expect us to know anything, but you can wow them by reading the articles and commenting because some of them think we know nothing.

### **THINGS/ROLES THAT HAPPEN LATER IN FELLOWSHIP:**

ICN-3 attending

Lovelace weekend call for sections/rounding

NICU nights - only role is attending newborn resuscitations [by request, not all fellows]

First Choice South Valley high risk OB consultant

Pinon Perinatal ultrasound [by request, not all fellows]

Run co-follow and pre-op conference (for 8 months when you are middle fellow)

Run beta-book list (for 8 months as senior fellow)

Teach ALSO course to residents (August)

Present an MCH topic in Resident School – you will be asked by Dr. Rosenfeld-O'Toole for the month needed and topic

Evaluations: in theory q 6 months. In reality once during fellowship.

### **CONFERENCES YOU PROBABLY WILL / MAY GO TO:**

These aren't necessarily automatically scheduled for you - talk to Andrea!

AAFP-Family Centered Maternity Care (FCMC), including ALSO instructor course

Some ultrasound course - ideally the September prenatal ultrasound course in Madison, WI, but if that doesn't work with your schedule, then Planned Parenthood of Rocky Mountain puts a course on as well that might be an option

IHS Colposcopy course - usually in April in Albuquerque

UCSF Antepartum-Intrapartum Management conference - June of 2nd year

NAF

### **PUBLIC HEALTH:**

Must earn a certificate, currently an MPH is not an option.

Dr Kristine Tollestrup is the public health advisor for all of us. She is a great teacher, but she is an extraordinarily flaky advisor who will rarely respond to emails. Plan ahead if you need anything from her! Tracking her down face to face in her office (1st floor FPC) is the most efficient to get answers. Andrea can sometimes help, or if she doesn't respond to multiple emails start CCing Larry on them and she'll respond faster

The fellowship won't keep close track of your requirements and courses, but they'll expect you to get all these things done, so you have to advocate for yourself

Don't expect to take the coolest elective classes the dept offers - your schedule is just the basics and subservient to clinical scheduling needs

Register for classes on my.unm.edu. Department website <https://coph.unm.edu/index.html>

### **FELLOWSHIP PROJECT:**

Plan ahead!

Pick a faculty member to work with whose personality quirks don't drive you crazy

Andrea is the point person for IRBs, etc.

You'll have to work through the research compliance modules before you can start anything, which are here: <https://hsc.unm.edu/research/hrpo/investigators/getting-started/training.html>

Doesn't have to be something you can publish, but good if it is

Examples of recent projects:

Sue Andrews:

Sarah Turner: Hep C

Hannah Watson: randomized study morphine vs methadone for NAS tx in methadone/heroin using moms

Carrie Griffin: qualitative exploration of gentle c-section experiences

Sara Thorp: epi analysis of VBAC access over time in New Mexico

Pia Castillo: patients experiences in Mialgro

Sevy Gurule: Hepatitis C treatment within Milagro

Erin Bulleit: ....

### **CO-FOLLOW:**

Theoretically happens q2 wks, alternating Tues pm admin/teaching meeting and Wed 7am co-follow-only meeting

Everyone expected to be at co-follow unless you are MCH primary attending

Goal is fellow education, group discussion of complicated patients, and ongoing monitoring of patients (so fellow has to do it q2wks even if we meet q4)

Middle fellow will do 5 minute presentation on a clinical question we decided on in prior cofollow, theoretically - so far this has never happened

Any pt needing surveillance should be on the list (unless surveillance for 41 WGA), and other complicated pts, can always add them and take them off later. AMA pts age 35-39 who decline ANT don't need to be on the list.

List will include how frequently we need to talk about the pt (q trimester, q month, q2wks) but each pt should get updated by fellow q2wks to catch problems

Present a 1-2 sentence summary with any questions, don't read the whole row

Ideally send list out to all FM-OB faculty & fellows 24 hrs before co-follow to review

IHS residents should paste their notes into cerner, but frequently don't. It's important to check in with them several days prior to co-follow to get updates on those patients and/or with Kate Steunkel, recent 2017 grad who works there full time and sometimes does MCH attending

Most people send a powerchart note when they want to add someone to co-follow. Larry will sometimes just forward random patient clinic notes without mentioning them and that can be his way of trying to add someone to co-follow

Messages generally come to us through UNM Cerner or email, but occasionally they'll get sent in the First Choice system which you might not notice if you're not at Los Lunas that week, so make sure to check messages there too.

Cuba pt info is hard to come by, just source it from the email Sandra/Larry sends out or if they have OBT notes

The list is color coded based on location of prenatal care. black = unm, blue = first choice, purple = IHS, green = cuba

By default all of the follow-up tasks from cofollow go to the middle fellow running co-follow, unless it is clear that someone else is doing that thing, just double-check by the end of the meeting to be clear about who is doing what

Adjust the list as you see fit. Other things that could help might be sending each provider a note about our recommendations/decisions, or sending the list to Arielle, or things like that, or adding more details for things that faculty ask about repeatedly

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