Student	Faculty	Date
otudent		Date

## Station 7 Grading Checklist Post Dates Pregnancy Counseling

	Good Points	Bad Points
Patient Identification	☐ Identified: age, G's and P's	☐ Skips G's and P's; no subjective
Issue	☐ Post Date Pregnancy	☐ Incorrect primary diagnosis
Prior pregnancy	☐ Uncomplicated	☐ Doesn't mention past OB history
	☐ Delivered at 41 6/7	
	□ NSVD	
	☐ Spontaneous Labor	
	☐ Healthy	
	□ 6#14	
Current pregnancy	☐ Uncomplicated	☐ Doesn't discuss prenatal history
	☐ Confirmed gestational age with 7	☐ Doesn't mention ultrasound
	week Ultrasound	confirmation of dates
Current visit	☐ Absence of symptoms	□ Doesn't mention any fetal
	☐ Active fetus	assessment
	☐ Fundal height	☐ Doesn't mention any maternal
	☐ Cervical exam	assessment
	☐ Vital signs	
	☐ Urine	
Assessment	☐ Post date pregnancy	☐ Doesn't note post-dates
Recommendations	□ NST	☐ Doesn't recommend fetal testing
	☐ Ultrasound (AFI, growth)	☐ Recommends C/section for post-
	□ BPP	dates
	☐ Induce labor	
	☐ Kick counts	
Documented risks/benefits	☐ Risks of non-intervention enumerated	☐ No patient counseling
	<ul> <li>Placental insufficiency</li> </ul>	documented
	<ul> <li>Umbilical cord accident with</li> </ul>	☐ Incorrect patient counseling
	decreased amniotic fluid	
	<ul> <li>Fetal growth abnormalities</li> </ul>	
	<ul> <li>Meconium aspiration synd.</li> </ul>	
	☐ Kick counts	
	☐ Return sooner than 1 week	

Faculty Assigned Overall Grade (1-4)

Comments (Optional):

<sup>1:</sup> FAIL – missed post-dates, made flagrantly inappropriate recommendations or unprofessional statements about patient compliance

<sup>2:</sup> MARGINAL PASS – Recognized post-dates, note mostly complete, counseling basically correct

<sup>3:</sup> HIGH PASS – Decent note, correct diagnosis, counseling correct

<sup>4:</sup> HONORS – Concise, complete note, correct diagnosis, comprehensive counseling, plan for future management

## **Patient Counseling Note:**

You have just finished seeing Darla Johnson in the OB Clinic. She is a 24-year-old G-2, P-1 at 41 2/7 weeks gestational age, following an uncomplicated pregnancy.

Her first pregnancy was also uncomplicated, and she delivered at 41 6/7 weeks, a healthy male infant, vaginally, following a spontaneous labor. The baby weighed 6 pounds 14 ounces.

During this pregnancy, she had a 7 week ultrasound scan that confirmed her gestational age. All other testing and evaluation during the pregnancy have been normal.

During your visit today, FHTs were 140 BPM, her fundal height was 39 cm, BP was 110/64, urine neg/neg, and extremities 1+ edema with normal reflexes. Her cervix was 3.0 cm dilated, .5 cm thick, soft, anterior, and the fetal head was presenting at -1 station. She denies vaginal bleeding, loss of fluid, contractions, or pain, and the fetus has been active.

During your visit today, you discussed with Darla the status of her pregnancy and made a number of alternative recommendations to her for further management, describing their risks and benefits. She will think about your recommendations and let you know later on today what she has decided.

Document your discussion in a progress note, and email the progress note to <a href="ldr@obgyned.com">ldr@obgyned.com</a>. Be sure to include your name and title at the end of the note.

(For the purpose of this station, assume that the discussion between you and Darla Johnson took place. Write a progress note that would effectively document that discussion.)