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Welcome to the Department of Obstetrics, Gynecology and Reproductive Biology Clerkship.

The Obstetrics and Gynecology Clerkship is a required eight-week clinical clerkship taken by medical students during Block III of the CHM curriculum. The clerkship introduces students to the discipline of obstetrics, gynecology and reproductive biology.

Obstetricians-gynecologists provide specialty care for women and also serve as the primary care physicians for over half of women in the United States. Within the specialty area of practice, these physicians provide obstetric and gynecologic care. As primary care physicians they assume responsibility for primary-preventive health care, including screening, counseling, health promotion and patient education, behavioral intervention, and consultation to address the major causes of morbidity and mortality in women. Thus, it is paramount for these practitioners to understand the wide range of issues encompassed by the primary-preventive health care responsibility as well as the specialty of obstetrics and gynecology. Students will participate in a variety of experiences throughout the clerkship to impact their knowledge, skills, and attitudes regarding health care for women.

I. EDUCATIONAL GOALS

The four major goals of the Obstetrics and Gynecology Clerkship are to:

1. Introduce students to the broad range of skills and knowledge encompassed in the specialty of Obstetrics and Gynecology.
2. Demonstrate the interrelationship of specialty and primary care in the care of women across the life span.
3. Provide students with the ability to address common inpatient and outpatient health problems of women.
4. Demonstrate the obstetrician-gynecologist’s interactions with other providers of medical care to achieve optimal benefit in the care of women.

II. SPECIFIC EDUCATIONAL OBJECTIVES

II.1. GENERAL MEDICAL ISSUES

Learning Objectives

Ethics
- Given actual or simulated cases, the student will apply basic ethical principles to develop a systematic approach in order to help resolve moral conflict.

Informed Consent
- The student will be knowledgeable about the necessary information to be given to patients in order to obtain informed consent for obstetric and gynecologic care.
Medical Economics

- The student will be aware of the medical, as well as non-medical factors related to the cost of health care and access to services in the United States and how these affect patient welfare and medical decision-making.

II.2. HISTORY AND PHYSICAL

Learning Objectives

In this unit, specific questions and physical findings are described, which are relevant to a number of problems encountered in obstetrics and gynecology. In addition, the breasts, abdomen, and pelvis should be thoroughly examined. The student however, need only to record positive findings and pertinent negatives, making it obvious to the instructor that the student did attempt to gather those cues which support or refute the most probable causes of the patient's problems.

- Given a student-patient encounter, the student will demonstrate the ability to gain the patient's confidence and cooperation and will recognize and manage mutual, overt, and covert anxieties that arise from the examination.
- Given actual or simulated female patients, the student's history will include items in every medical history that would be helpful in providing appropriate gynecologic care.
- Given an actual or simulated patient, the student will perform a complete gynecologic physical examination.
- Given a woman who is within one year of sexual activity or older than 21, the student should obtain a cervical cytologic smear for prevention of cervical cancer if one has not been obtained in the last 12 months.
- Given that the student has completed the written history and physical examination, the student will generate a problem list, differential diagnosis, assessment, and plan of management.

Preconceptual Counseling

- Given a patient who expresses an interest in pregnancy, the student will discuss the benefits of good health prior to conception and list those conditions for which preconceptual counseling would be especially helpful.

II.3. NORMAL OBSTETRICS

Learning Objectives

Diagnosis of Pregnancy

- Given a patient with amenorrhea or suspicion of pregnancy, the student will make a diagnosis of pregnancy.

Maternal Physiology

- The student will be able to list the major changes that occur during pregnancy in the uterus, cervix, and breast.
- The student will list the principal physiologic and structural changes in the major organ systems of the pregnant woman.

Endocrinology of Pregnancy
• The student will list the general and specific physiologic changes that occur in the endocrine system during pregnancy.
• The student will be familiar with changes in blood levels of hCG, hPL, prolactin, estriol, progesterone, estradiol, and estrone during gestation.
• The student will understand the differences in origin and metabolism of estrogen and progesterone during pregnancy.

**Immunology**
• The student will be familiar with the explanations currently employed in attempting to understand the maternal tolerance of antigenically-dissimilar fetal tissue.

**Fetoplacental Physiology**
• The student will understand that the fetus is dependent on the placenta for its respiratory, nutritional and excretory functions.
• The student will list reasons why the fetus, in spite of a relatively low partial pressure of oxygen (\(\text{PO}_2\)), does not normally suffer from lack of oxygen.
• The student will list the factors upon which placental transfer depends.
• The student will understand the changes which are essential for the physiologic transition of the fetus from an intra- to extrauterine existence.

**Antepartum Care**
• Given an obstetrical patient, the student will describe the initial and subsequent clinical assessments and list the laboratory determinations appropriate for initial and repeat prenatal visits.
• When presented with an obstetrical patient, the student will discuss general health issues.
• The student will list the factors used in the identification of the high-risk gravida and fetus.
• The student will recognize and know how to manage the common complaints of pregnancy.
• The student will demonstrate the capacity to deal with the wide range of common emotional concomitants of pregnancy.
• The student will discuss his/her understanding of the common emotional concomitants of an unmarried patient requesting pregnancy testing.
• The student will demonstrate the capacity to develop professional interpersonal relationships with obstetrical patients and their families and to give emotional support during pregnancy, labor, delivery, and the puerperium.

**Fetal Well-Being**
• The student will list and interpret results of methods used in evaluating fetal well-being prior to the onset of labor.

**Fetal Maturity**
• The student will define the duration of normal pregnancy and prematurity and will understand the concept of fetal viability.
• The student will list the tests helpful in determining fetal maturity.

**Labor and Delivery**
• The student will define fetal lie, fetal presentation, cervical effacement, cervical dilation, fetal station, and fetal position.
• The student will describe the cardinal mechanisms of normal labor.
• The student will define the three stages of labor.
• Given a series of patients with evidence of uterine contractions, the student will determine those in labor who should be admitted to the obstetrical unit.
• Given a patient presenting in labor, the student will determine fetal lie, fetal presentation, cervical effacement, cervical dilation, fetal station, and fetal position.
• Given a laboring patient, the student will monitor and judge the normalcy of her labor.
• The student will understand the means by which fetal well-being can be determined after the onset of labor.
• Following a vaginal delivery, the student will demonstrate the ability to describe and manage the third stage of labor.

**Obstetric Analgesia and Anesthesia**

• The student will define anesthesia and analgesia and differentiate between local (regional) and general anesthesia.
• The student will list several physiologic changes of pregnancy and understand how they affect obstetric anesthesia.
• The student will identify four categories of pharmacologic techniques to relieve pain in parturition and will give examples of each.
• The student will understand the pain pathways of labor and list regional anesthetic techniques to block pain.
• The student will list the complications of epidural anesthesia and their management.
• Given a newborn infant, the student will determine and interpret the Apgar score.
• Given a newborn with a one-minute Apgar score of 6 or less, the student will initiate resuscitative measures.
• The student will list a sequence of steps of management for an infant born with Apgar score 1.

**The Puerperium**

• The student will observe or manage the care of an uncomplicated postpartum patient while in the hospital.
• The student will understand the physiology of lactation, will be supportive of breast-feeding and will provide helpful information to those patients who breast-feed.
• The student will describe a regimen for lactation suppression or for dealing with engorgement in non-nursing patients.
• The student will list the common and/or potentially dangerous complications of the puerperium and outline a plan of management appropriate to each.
• At the time of hospital discharge, the student will list instructions for a postpartum patient.
• The student will describe the elements of a 6-week postpartum office visit.
Prenatal Diagnosis
- The student will list the diagnostic techniques available for the prenatal diagnosis of fetal disorders (genetic, metabolic, or structural) before and after viability and will understand the information that can be determined by each technique.

Adolescent Pregnancy
- The student will list some of the predisposing factors for adolescent pregnancy, discuss some obstetric problems for which the adolescent pregnant patient is at increased risk, and describe interventions that may be particularly helpful to pregnant adolescents.

First and Second Trimester Bleeding
- Given a patient with vaginal bleeding in the first trimester of pregnancy, the student will develop a differential diagnosis and an appropriate plan of management.
- The student will describe the role of ultrasound in the diagnosis of first and second trimester bleeding.

Intrauterine Fetal Demise (IUFD)
- Given a patient whose fetus has died in utero, the student will make a diagnosis, write out an appropriate plan of management, and list the potential complications.

Third Trimester Bleeding
- Given a patient with third trimester bleeding, the student will list the various causes, outline the appropriate diagnostic and therapeutic approaches and list the potential complications of placenta previa and abruptio placentae.

Dystocia
- Given a patient experiencing a difficult labor, the student will be able to recognize the principal cause and write an appropriate plan of management.

Breech Presentation
- The student will define the types of breech presentation, list the more likely complications, list the indications for cesarean delivery, and define the three methods of vaginal delivery.

Cesarean Delivery and Vaginal Birth After Cesarean (VBAC)
- The student will be able to describe the relative risks of cesarean delivery and vaginal delivery after cesarean and will understand the difference between a "classical" uterine incision and a "low cervical incision of the uterus" (transverse and vertical) and the implications of each.

Hypertensive Disorders of Pregnancy
- The student will define preeclampsia (pregnancy-induced hypertension), eclampsia, chronic hypertension, and chronic hypertension with superimposed preeclampsia (pregnancy aggravated hypertension).
- The student will describe the pathophysiology of preeclampsia.
• Given a gravid patient at 20 or more weeks of gestation, the student will diagnose
preeclampsia and outline a plan of management.

Rh Isoimmunization
• The student will describe Rh isoimmunization and its associated disorder
erthroblastosis fetalis, list its predisposing factors, and describe a direct and
indirect Coombs' test.
• Given an Rh-negative unsensitized pregnant patient, the student will outline a
satisfactory course of management.
• Given an Rh-negative sensitized (isoimmunized) patient, the student will outline a
satisfactory course of management.

Medical and Surgical Complications of Pregnancy

Anemia
• The student will list the most common causes of anemia in pregnancy and
the laboratory tests useful in making the differential diagnosis.
• The student will list the physiologic changes in pregnancy which contributes
to iron deficiency anemia and describe a program for prevention and
management.
• The student will define megaloblastic anemia and list its common laboratory
findings, contributing factors and management.
• The student will list the two most common hemoglobinopathies and discuss
the salient features of sickle cell disorders.

Cardiac Disease
• The student will list the physiological changes in normal pregnancy that may
make the diagnosis of heart disease difficult.
• The student will list the signs and symptoms suggestive of heart disease in
pregnancy.
• The student will describe the New York Heart Association classification of
cardiac disease.
• The student will outline antepartum, intrapartum, and postpartum
management of the pregnant patient with cardiac disease.
• The student will list the obstetrical complications (maternal and fetal)
associated with cardiac disease.
• The student will be knowledgeable about the maternal mortality rates
associated with cardiac disease and pregnancy.

Gestational Diabetes/Diabetes Mellitus
• The student will define gestational diabetes and be knowledgeable about
predisposing factors and screening tests.
• The student will recognize that there are two methods of classification of
diabetics, an older version and a more current one.
• The student will outline the management of a pregnant patient with
diabetes mellitus.
• The student will list the maternal obstetric complications associated with
diabetes mellitus.
• The student will list the effects of diabetes mellitus on fetal/neonatal outcome.

**Infectious Diseases in Pregnancy**
• The student will list maternal infections that could affect the fetus and newborn infant.

**Rubella**
• The student will identify the pregnant patient at risk for rubella.
• The student will diagnose rubella infection occurring in pregnancy using paired acute and convalescent sera.
• The student will list the consequences of rubella in pregnancy.
• The student will outline the management of rubella during pregnancy.
• The student will outline a program of prophylaxis against rubella in women of childbearing age.

**Urinary Tract Infections**
• The student will list common factors predisposing to urinary tract infection in pregnancy.
• The student will indicate the significance of asymptomatic bacteriuria noted during pregnancy.
• The student will list the signs and symptoms of symptomatic urinary tract infections (cystitis and pyelonephritis).
• The student will be able to list complications of pyelonephritis.
• The student will outline a plan of management for urinary tract infections complicating pregnancy.

**Other Medical and Surgical Complications**
• The student will be knowledgeable about other coincidental diseases that have special significance during pregnancy and will identify the particular diagnostic or management problem that each entity poses.

**Multiple Gestation**
• Given a patient with a uterus large for gestational dates, the student will list the differential diagnosis.
• Given a patient with multiple gestation, the student will describe the embryonic characteristics and contributing factors associated with this condition and list and describe factors responsible for increased perinatal morbidity and mortality.

**Intrauterine Growth Retardation**
• The student will define intrauterine growth retardation (IUGR), the methods available for its diagnosis, management principles, and its impact on the neonate.

**Premature Rupture of Membranes**
• Given a patient in the third trimester, the student will be able to define premature rupture of the membranes (PROM), make the diagnosis, and develop a plan of management.

**Preterm Labor (PTL)**
• Given a patient complaining of painful uterine contractions prior to 37 weeks, the student will list the diagnostic procedures to ascertain whether the patient is in preterm labor, list the causes, and prepare a plan of management.

Postpartum Hemorrhage
• The student will define postpartum hemorrhage and list the most common causes, including predisposing factors.
• The student will be able to write a management algorithm for postpartum hemorrhage.

Puerperal Fever
• The student will be able to define puerperal fever, be knowledgeable about its causes and outline a plan of management.
• The student will describe a patient likely to develop puerperal mastitis.
• Given a patient with mastitis, the student will list the signs and symptoms, name the usual etiologic organisms, and outline a plan of management.

Maternal and Perinatal Morbidity and Mortality
• The student will define fetal, neonatal, post-neonatal, infant and maternal death, and perinatal death rate and list the causes of infant mortality.
• The student will list the major causes of obstetrically-related maternal deaths and indicate why there has been a decrease in incidence.

II.5. GYNECOLOGY
Learning objectives

Adolescent Gynecology
• The student will be aware of the special problems affecting adolescents and the role of the obstetrician/gynecologist in their care.

Genetics
• For each of the following categories of chromosomal abnormalities, the student will list each typical syndrome by designating its karyotype, phenotypic characteristics, and associated diagnostic tests.
• The student will be familiar with the genetic abnormalities that affect the genitalia and will designate the karyotype, phenotype, and diagnostic characteristics of each.

Infections
- Human Immunodeficiency Virus Infections
• Given a patient with an HIV infection, the student will understand the clinical implications of the disease and its impact on the patient's reproductive health.

- Sexually Transmitted (Venereal) Disease (STD's)
• The student will be able to list the classic venereal diseases and will be knowledgeable about other sexually transmitted diseases other than HIV.
• Given a patient with a chlamydial infection, the student will discuss the epidemiology, clinical presentation, diagnosis and treatment.
• Given a patient with gonorrheal cervicitis or vulvovaginitis, the student should be able to make the diagnosis, outline a differential diagnosis, and be knowledgeable about appropriate treatment.
• Given a patient with syphilis, the student will describe the stages of the disease, the means of diagnosis, and the significance of treponemal and non-treponemal tests.
• The student will list the causative agent, a diagnostic test and treatment for each of the following three venereal diseases: Chancroid, Granuloma inguinale, Lymphogranuloma venerreum.
• The student will describe the causative agent, the signs and symptoms, a diagnostic test, and therapy for each of the following sexually transmitted diseases: Trichomoniasis, Candidiasis, Bacterial vaginosis, Herpes simplex viral infection, HIV, Hepatitis B, Molluscum contagiosum, Mycoplasma/ureaplasma infections, Scabies, Pediculosis pubis.

**-Pelvic Inflammatory Disease**
• The student will contrast the several varieties of pelvic inflammatory disease (PID) by listing the organism(s) usually responsible, the primary site, and the mode of spread of the infection.
• Given a patient with acute PID, the student will list the signs and symptoms, establish differential diagnosis, and be knowledgeable about the diagnostic tests associated with this disorder.
• Given a patient with acute PID, the student will outline a plan of management and be knowledgeable about the possible sequelae of this disorder.

**-Urethritis**
• The student will define infectious urethritis and distinguish it from urethral syndrome.
• The student will list the hypothesized etiologies of urethral syndrome and be knowledgeable about the diagnostic evaluation and management approach.

**-Toxic Shock Syndrome**
• Given an 18 year old patient with a probable diagnosis of toxic shock syndrome (TSS), the student will discuss the epidemiology, etiology, clinical presentation, diagnosis and treatment of the disease process.

**-Infectious Diseases of the Breast**
• The student will discuss the diagnosis and management of infectious diseases of the breast.

**Vulvar Disease**
• The student will describe the common benign diseases of the vulva and outline their management.

**Premenstrual Syndrome**
• Given a patient with premenstrual syndrome, the student will evaluate the symptoms differentiate premenstrual syndrome from other disorders, and recommend an appropriate management plan.
Pelvic Relaxation

• The student will define the following terms that may or may not coexist with one another and when given an actual patient or photographic representation, identify these anatomic defects: Cystocele, Urethrocele, Rectocele, Enterocoele, Uterine descensus.
• The student will list the common symptoms of pelvic relaxation.
• The student will list the structures important in maintaining pelvic support.
• The student will define the different types of urinary incontinence and list some associated causes.
• The student will list the procedures available to evaluate a patient with urinary incontinence.
• The student will outline a plan of management for pelvic relaxation or conditions associated with pelvic relaxation.

Pelvic Pain

• The student will list the genital and extragenital causes of chronic pelvic pain and describe an appropriate diagnostic evaluation.

Dysmenorrhea

• Given a patient with dysmenorrhea, the student will evaluate the symptoms, differentiate the cause, and plan appropriate management.

Endometriosis

• Given a patient with endometriosis, the student will describe the condition, list the signs and symptoms and generate a differential diagnosis.
• Given a patient with endometriosis, the student will be knowledgeable about the diagnostic evaluation and outline both the medical and surgical methods to management.

Adenomyosis

• Given a patient with adenomyosis, the student will describe this condition, list the signs and symptoms, list the differential diagnosis, and outline its management.

Neoplasms

Early Cancer Detection

• The student will list the community resources, methods and techniques available to women for early cancer detection.

Breast

• Given a patient with a breast mass, the student will recognize clinically significant historical factors and/or physical findings which increase the risk for malignancy and outline a diagnostic approach.
• Given a patient with a breast mass, the student will list the benign conditions which may account for the mass.
• Given a patient with fibrocystic change of the breast, the student will recognize the symptoms and be knowledgeable about diagnostic options and management.
• Given a patient with a premalignant-malignant breast mass, the student will provide a differential diagnosis and be knowledgeable about the staging of breast cancer.
Cervix

- The student will differentiate cytologic and histologic assessment of cervical abnormalities and describe their respective reporting systems and the appropriate use of each.
- Given a patient with invasive cervical carcinoma, the student will understand the common histologic types, recognize the signs and symptoms, and be knowledgeable about the diagnostic evaluation.
- Given a patient with invasive cervical carcinoma, the student will understand the staging of the disease including the staging system and be knowledgeable about management.

Gestational Trophoblastic Neoplasm (GTN)

- The student will list the signs, symptoms, and abnormal laboratory test results associated with trophoblastic disease.

Ovary

- Given a patient with an ovarian mass, the student will list the associated signs and symptoms.
- The student will describe the management of solid ovarian neoplasms, of cystic ovarian tumors less than 6 cm in size, and of those cystic tumor greater than 6 cm in size.
- The student will describe non-neoplastic cysts and benign neoplastic ovarian tumors and outline a plan of management.
- The student will describe the common malignant ovarian tumors.
- Given a patient with an ovarian malignancy, the student will be familiar with the staging system and management.

Uterine Corpus

- Given a patient with a uterine neoplasm, the student will list the signs and symptoms of uterine leiomyomata, endometrial polyps, adenomyosis, an endometrial hyperplasia and will describe the diagnostic test(s) and treatment appropriate for each lesion.
- The student will describe the typical patient with endometrial adenocarcinoma and will list the signs, symptoms, and diagnostic techniques for endometrial carcinoma.
- Given a patient with endometrial adenocarcinoma, the student will be knowledgeable about its staging and management.

Vagina

- The student will describe the woman likely to develop squamous cell carcinoma of the vagina, indicate its most common mechanism of spread, and outline its management.
- Given a patient with a history of in utero diethylstilbestrol (DES) exposure, the student will list those problems the patient is at particular risk to develop and describe a program of surveillance.
Vulva
- The student will describe the benign neoplasms of the vulva, outline the procedures required to diagnose them, and list the appropriate management for each.
- The student will describe the typical patient with vulvar carcinoma, outline an approach to vulvar lesions that will ensure the diagnosis, and be knowledgeable about its staging and management.

Terminal Disease
- Given a patient with a terminal disease, the student will demonstrate sensitivity to the biopsychosocial dimensions of the patient's illness.

Violence Against Women

Domestic Violence
- The student will be knowledgeable about the incidence and impact of domestic violence in women, screening and assessment, the physical, psychological and medico-legal issues related to domestic violence, and the role of the physician in intervention and referral.

Sexual Assault
- The student will discuss the appropriate evaluation and treatment of a female who has been sexually assaulted.

II.6. ENDOCRINOLOGY AND INFERTILITY

Learning Objectives

Puberty
- The student will define puberty, precocious puberty and delayed puberty.
- The student will list the sequence and tempo in which the stage of development of secondary sex characteristics occur.

Menstrual Cycle
- The student will list and describe the hypothalamic factors important to the normalcy of the adult female menstrual cycle.
- The student will explain the interaction between glycoprotein hormones (FSH, LH, hCG, TSH) and their receptors and list the functions of pituitary FSH, LH, and prolactin.
- The student will explain the interaction between steroids and their receptors.
- The student will indicate the structure and describe the effects of the ovarian steroids listed here: Estrogens, Progesterone.
- The student will construct a graph with the 28 day cycle on the abscissa and hormone concentration on the ordinate. This graph will illustrate the fluctuations of and interactions between the anterior pituitary (FSH and LH) and ovarian (estradiol and progesterone) hormones.
- The student will describe the basic histological characteristics of the endometrium.
- The student will list the methods for detecting ovulation.
**Prostaglandins**
- The student will describe the structure and metabolism of the prostaglandins (PG).

**Abnormal Uterine Bleeding**
- The student will define menstruation, normal and abnormal menstrual bleeding, and the various terms used to describe abnormal menstrual patterns.
- Given a patient with abnormal uterine bleeding occurring before, during, or after her reproductive years, the student will construct a differential diagnosis, indicate appropriate diagnostic tests, and be knowledgeable about proper management.

**Amenorrhea**
- The student will define amenorrhea.
- Given a case of amenorrhea, the student will derive a differential diagnosis and outline an approach to diagnosis and management.

**Hirsutism**
- The student will define hirsutism and virilization.
- Given a patient with hirsutism, the student will list the screening tests that can be used to differentiate adrenal from ovarian disease, list the possible causes, and indicate the associated diagnostic laboratory findings and the proper management for each abnormal condition.

**Infertility**
- The student will define infertility and be knowledgeable about counseling regarding options and the psychosocial issues infertile couples may face.
- Given a couple who have been unable to conceive, the student will list the major factors which can cause infertility, indicate how each factor can be evaluated, and list the appropriate therapeutic intervention(s).
- The student will list the diagnostic screening tests that need to be performed during the course of evaluating an infertile couple.

**Menopause**
- The student will define menopause and describe the physiological and emotional changes associated with it.
- The student will describe the changes in FSH, LH, estradiol, and estrone that take place during the perimenopausal period.
- The student will list conditions for which postmenopausal estrogen replacement therapy (ERT) might be indicated.
- The student will list the principles of postmenopausal hormone replacement therapy, and also be able to list other types of medications that are useful in the perimenopausal and early postmenopausal period.
- The student will list the contraindications to postmenopausal estrogen replacement therapy.
II.7. OBSTETRICAL AND GYNECOLOGICAL PROCEDURES

Learning Objectives

**Obstetric**

- The student will define induction of labor and differentiate it from augmentation of labor.
- Given a patient in whom induction of labor is being considered, the student will list the indications, the absolute and relative contraindications, the complications, and the methods of induction.
- Given any one of the following obstetric procedures, the student will describe the procedure, list the indications for its use, and list the significant associated complications: Cerclage, Amniocentesis, Version, Forceps delivery, Vacuum extractor delivery, Cesarean section, Episiotomy

**Gynecologic**

- The student will describe a cervical biopsy and an endometrial biopsy.
- The student will describe the indications for and performance of a culdocentesis.
- The student will state the appropriate procedures for the evaluation of some common gynecologic problems: Abnormal Pap Smear, Abnormal uterine bleeding, Postmenopausal bleeding, Possible intra-abdominal hemorrhage, Possible ruptured ovarian cyst or tumor, Urinary incontinence.
- During the clerkship, the student will observe and then describe common gynecological operative procedures.
- The student will display sensitivity regarding the psychosocial issues that patients contemplating obstetric and gynecologic procedures may face.

II.8. CONTROL OF REPRODUCTION

Learning Objectives

- The student will demonstrate to the faculty, residents, and nurses an attitude empathetic to the needs of patients who wish to control their reproduction. If the provision of this care would be contrary to personal values, the student should refer patients wishing to control reproduction, without demonstrating negativism or behaving judgmentally, to another health professional.

**Contraception**

- The student will define birth rate and fertility rate, and explain what is meant by theoretical effectiveness and use effectiveness of contraceptive methods.
- The student should understand the following terms: Birth rate, Fertility rate, Theoretical effectiveness, Use effectiveness.
- Given a woman in the reproductive age group, the student will obtain the appropriate history and physical and provide sufficient information and counseling to enable the woman to choose a satisfactory method of reversible contraception. If selected, a method should not be contraindicated and the couple’s motivation should be such that the method will likely prevent pregnancy.
- The student should be familiar with the following methods of contraception: Coitus interruptus, Rhythm, Spermicidal jellies, creams, foams, suppositories and
tablets, and films; Diaphragm; Condom; Female condom; Intrauterine devices; Hormona; Long-acting steroid methods.

- In obtaining an appropriate data base from a potential contraceptive user, the student will recognize all the absolute and relative contraindications for each method. If hormonal contraception is considered, the student will list the metabolic effects of this form of contraception.
- The student will list at least one method of post-coital contraception and explain its mechanism of action.
- The student will list the community facilities available for assistance in family planning.
- The student will discuss the State regulations controlling the prescription of contraceptives to both adults and minors.

**Sterilization (Permanent Contraception)**

- Given a patient requesting permanent sterilization, the student will be able to list the components of the discussion with the patient about her request and about the sterilization procedure she may choose.
- The student will list methods of male or female sterilization, stating the failure rate (which includes ectopic pregnancies), the advantages and disadvantages, and indicate the complications and contraindications of each.
- The student will be familiar with state and federal laws concerning sterilization.

**Induced (Voluntary) Abortion**

- The student will state the important aspects of the U.S. Supreme Court (Roe vs. Wade) decisions bearing on issues of induced abortion.
- Given a patient at 9 weeks gestation who wishes to terminate her pregnancy, the student will be knowledgeable about the psychosocial issues and counsel the patient regarding her decision.
- The student will list, corresponding to duration of gestation, safe techniques for inducing abortion and describe concisely the nature of those techniques and their complications.
- The student will be able to recognize those aborted patients who are at risk for sensitization to D-antigen and prescribe Rh immune globulin (see objective 67).
- The student will be knowledgeable about the risk of pregnancy in comparison to the risk of contraception, sterilization, and induced abortion.

**II.9. SEXUALITY**

**Learning Objectives**

- Given a patient or a group requesting information about sexuality, the student will provide an understandable explanation, answer questions appropriately, and make necessary referrals.
- Given a patient who presents for examination and requests information regarding sexual relations, the student will obtain information about the extent of the patient's knowledge and her attitudes about sex, provide education and information, and make necessary referrals.
- Given a patient who is anorgasmic, the student will obtain a detailed sexual history, relate this and other information to the patient's problem, and make necessary referrals.
• Given a patient who expresses dissatisfaction or a lack of interest in sexual activities, the student will obtain relevant historic, emotional, and attitudinal information and determine if counseling is appropriate or if a referral is necessary.
• Given a patient who expresses guilt feelings regarding specific sexual activities, the student will obtain relevant historic, emotional, and attitudinal information and counsel the patient regarding her concern and its solution.
• Given a lesbian patient, the student will display sensitivity to the psychosocial issues and health concerns of women with this sexual preference.
• The student will be able to perceive, recognize and understand the sexual feelings elicited by patients and appropriately manage them.
• Given the seductive patient, the student will be able to recognize the issue, establish criteria for referral, act in a professional manner, and discuss and receive advice on these issues from a colleague.

Sexual Abuse
• The student will discuss the appropriate evaluation and treatment of a female who is abused and of a child who is being sexually abused.

III. REQUIRED CLINICAL SKILLS AND PROCEDURES

The Department of Obstetrics and Gynecology has identified a number of clinical skills that each student must satisfactorily perform in order to meet the requirements of the clerkship. These skills include:

Gynecology:
1. The ability to take a focused gynecologic history
2. The ability to complete a breast exam, including providing patient instruction in the technique of SBE
3. The ability to complete a pelvic examination including speculum exam, bi-manual exam, pap smear, cultures for sexually transmitted disease and wet prep
4. The attainment of basic surgical skills including correct handling of instruments and proper knot tying technique

Obstetrics:
1. The ability to complete an initial prenatal exam including complete history and physical and assessment of need for prenatal diagnosis and for additional labs and U/S as appropriate
2. The ability to evaluate an antepartum patient in an outpatient setting including interval history and completion of physical assessment with Leopold’s maneuvers
3. The ability to evaluate a patient in labor including obstetric history and performance of physical exam with cervical check when appropriate
4. The ability to interpret electronic fetal monitoring strips
5. The ability to assist in or perform an uncomplicated spontaneous vaginal delivery including episiotomy repair
Concomitantly, the student will demonstrate professional and caring rapport with patients and families. Additionally, the student will demonstrate the ability to consider psychosocial and ethical issues that are germane to the patient/case. At all times the student will demonstrate appropriate professional behavior in interactions with patients and their families, attendings, residents, nurses, other medical staff, and educational programs staff.

The satisfactory attainment of these skills and completion of requirements is the responsibility of the student who must obtain appropriate documentation from supervising physicians through use of the Patient Log and the use of the Performance Based Assessment Evaluation Form (CPE) testing pelvic examination and Pap smear skills.

1. The student must satisfactorily complete each of the components in the clerkship:
   - Six Vaginal deliveries,
   - Three Cesarean deliveries,
   - Six major gynecologic surgical cases,
   - Eight minor gynecologic surgical cases as documented in the Patient Log;
   - Breast exam (including instruction in the technique of Self Breast Examination or SBE)
   - GC/chlamydia cultures and wet prep
   - Visualization of abnormal cervix via colposcope
   - Initial prenatal exam (including complete history and physical, ordering of prenatal labs, assessment of need for prenatal diagnosis, assessment of need for additional labs and U/S as appropriate
   - Evaluation of antepartum patient in outpatient setting (including interval history and completion of physical assessment with Leopold’s maneuvers)
   - Evaluation of patient in labor (including obstetric history and performance of physical exam with cervical check, when appropriate)

2. Student must have satisfactorily completed a performance based Assessment (PBA) of his/her pelvic examination skills including speculum exam, bi-manual exam and Pap smear;

Students will participate in all aspects of the clerkship. Attendance at all scheduled activities during the clerkship is mandatory (e.g., focal problems, clinic assignments, rounds, etc.) Additionally, students are to make themselves available for clinical experiences such as surgeries, deliveries and ambulatory patient care.

**ORIENTATION**

Each clerkship commences with an orientation to the clerkship. Attendance at the orientation is mandatory. Inability to be present for this session must be reported to the Community Clerkship Director, and may result in the inability to continue in the clerkship.

It is the student’s responsibility to read the handbook and complete the Acknowledgement Form, familiarize him/herself with all the requirements of the clinical rotation, including exam and evaluation policies before the orientation.
After review should the student have any questions, it is up to the student to seek clarification before continuing in the clerkship. Lack of awareness or understanding of the requirements will not serve as an excuse for less-than-acceptable performance in any component of the clerkship.

IV. EVALUATION

The final Ob/Gyn Clerkship grade will be based on the following:
1. Completion of the Basic Science Assessment course
2. Mid-Clerkship Evaluation
3. Written Examination (NBMA)
4. Oral Examination
5. Clinical Performance:
   - Data collection and assessment skills;
   - Professional Behavior;
   - Clinical Skills (Write-ups; Required Skills; PBA; Log and Required procedures
   - Clinical Performance Grade

Basic Science Assessment

Successful completion of the clerkship presupposes basic knowledge in anatomy, physiology, genetics, embryology, nutrition and immunology related to obstetrics and gynecology. The Department requires that each student take the Department's Basic Science Assessment at the beginning of the clerkship.

The Basic Science Assessment is not a graded exam. It is intended to point out areas of weakness in a student's fund of knowledge. This information will be shared with the student to permit correction of deficient areas through additional reading, tutoring or other self-study efforts. Faculty will review the exam with students relating the clinical relevance of the basic science content.

The performance on the Basic Science Assessment will not be used to determine a student's overall clerkship grade. However, students should keep in mind that the final written exam (NBME content exam in ob/gyn) does contain basic science items.

Mid-Clerkship Evaluation

Each student will be evaluated midway through the clerkship by the Community Clerkship Director or Hospital Coordinator. The purpose of the mid-clerkship evaluation is to provide timely feedback to students so that areas of concern can be addressed during the remainder of the clerkship. Information for this evaluation will be drawn from required assignments and feedback/comments from clinical preceptors. Students will receive feedback on the following:

1. Data collection and assessment
2. Professional behavior
3. Physical examination and procedural skills
4. Case write-ups review
5. Log review

Students will then discuss with the Clerkship Director their goals for the remaining time in the clerkship. The student is asked to sign a copy of the mid-clerkship evaluation and will retain a copy. Another copy of the signed mid-clerkship evaluation will be placed in the student’s file.

Written Examination

The NBME subject examination in ob/gyn will be given at the conclusion of the clerkship. **Students will be given 2 hours and 10 minutes to complete the examination.** Grading on the written examination will be determined as follows:

- < 65 = No Pass
- 65-78 = Pass
- 79-81 = High Pass
- > 81 = Honors

A student who receives a no pass grade on the written examination, **but passes all other aspects of the clerkship,** will receive a conditional pass (CP) grade for the clerkship and is required to repeat the written examination. The NBME subject examination in ob/gyn will be administered as the remediation exam. Students must achieve a score greater than 64 in order to receive a pass grade on the repeat written examination.

If a student receives a pass grade on the repeat written examination, a pass grade for the clerkship will be appended to the CP grade (CP/P). If the student receives a no pass grade on the repeat written exam, a no pass grade for the clerkship will be appended to the CP grade (CP/N). A student will not be permitted to repeat the examination for the same clerkship more than once except under extremely unusual circumstances as determined by the Director of Medical Education and then only with the concurrence of all the Community Clerkship Directors and the Department Chairperson.

Retaking of the written exam must be completed by the end of the 3rd year and passed before student is allowed to progress to take OB-GYN electives. The Department of Obstetrics, Gynecology, and Reproductive Biology will pay for the retaking of the written exam. The retake must be scheduled a minimum of 8 weeks ahead of time, in writing. The student may not cancel or change the date once the exam order has been placed (exceptions: death or severe illness in family). If the student must schedule the exam less than the 8 weeks deadline, the student must pay ancillary costs, which may include: $170.00 late fee if applicable, $18.00 fax of order fee, NBME administration fee of $50.00.

A student who does not pass the written exam and also fails to pass the oral examination and/or receives a CP on the clinical performance portion of the clerkship will receive a no pass grade (N) for the clerkship.

There may be very unusual circumstances that would prohibit a student from taking the written examination at the scheduled time. Generally these circumstances
would be of a very serious nature and would have occurred just prior to the examination being scheduled. In these circumstances the student would request from the Clerkship Director that his/her examination be postponed. The Clerkship Director will consult with the Director of Medical Education regarding the request and decision to postpone. In the event of a postponement, a timeframe within which the exam must be taken will be established and the student will be issued an ET grade.

**Oral Examination**

An oral examination is given at the conclusion of the clerkship. Students are evaluated by two faculty members. The exam lasts 45 minutes during which time the student is questioned regarding two clinical cases (one obstetric and one gynecologic) requiring skills in differential diagnosis, problem-solving, and analysis of patient management. In addition, the student is asked to recognize and interpret gross anatomy and pathology material, x-ray films, fetal monitor tracings, and ultrasound scans as shown on photographic slides.

**Clinical Performance**

Each clerkship student’s clinical performance will be evaluated by the Community Clerkship Director based upon information provided by:

1. The CHM Clinical Performance Evaluation Form or CPE (E-Value);
2. The Ob/Gyn Performance Based Assessment Evaluation Form or PBA;
3. The Obstetric and the Gynecologic Case Write-ups;
4. The Patient Log using e-Value.

**Clinical Performance Evaluation (CPE)**

A student’s clinical performance will be assessed on the student’s clinical skills as well as his/her interactions during the clerkship with a variety of individuals. The Clerkship Director may include in his/her CPE form any information that has been disseminated to him/her from individuals who interacted with the student during the clerkship that also may or may not have been included in other CPE forms.

**CHM Clinical Performance Evaluation Form (CPE)**

The College of Human Medicine’s Clinical Performance Evaluation Form assesses students’ data collection and assessment skills as well as their professional behavior. Forms will be completed by various individuals with whom students interacted during the clerkship. Completed forms are due by the 2nd week post-clerkship to the Clerkship Director’s or Assistant Dean’s office. CPE forms will be provided to faculty evaluating students by the Clerkship staff. Students will not be provided empty forms to give to evaluators for their completion. Evaluation forms that have not been managed as described above will not be considered as part of the students’ final evaluation.

The Clerkship Director may include in his/her CPE form any information that has been disseminated to him/her from individuals who interacted with the student during the
clerkship that also may or may not have been included in other CPE forms. CPE forms will be scored by each Clerkship Director office and a frequency report generated. The Director of Medical Education reserves the right to correct mathematical errors on any final reports and return them to individual sites for re-issuance. The CPE forms are scored in the following manner:

**Data Collection and Assessment Skills**

a. **Conditional Pass** – greater than 15% in “seldom” category, 3 or more unprofessional behavior notations

b. **Pass** – 85% or greater in the “usually” and/or “consistently” categories, no more than 2 unprofessional notations

c. **Honors** – 75% or more of ratings in “consistently” category, no ratings in the “seldom” category and no unprofessional behavior notations

A student cannot be considered for an “honors” grade on the clinical performance of the clerkship if there are ANY CHECKS indicating unprofessional behavior.

**Performance Based Assessment (PBA)**

All students will be assessed on their pelvic examination skills while enrolled in OGR 608. A Pelvic Examination Performance Based Assessment Form (PBA) will be used to determine if a student has demonstrated satisfactory appropriate pelvic examination skills. (A copy of the form is appended.)

Although students will have ample opportunity to perform pelvic examinations during the clerkship, students are expected to satisfactorily perform the pelvic examination PBA only ONCE during the clerkship. It is the students’ responsibility to have a supervising physician evaluate their pelvic examination skills on an actual patient during the clerkship and to have the PBA form completed and submitted to the Clerkship Secretary in his/her community campus by the end of the clerkship. Since a component of the PBA evaluates the student’s interactional and psychosocial skills, the PBA is to be completed on UNANESTHETIZED patients only.

**Write-ups**

**Obstetric Case Write-up (OCW), Gynecologic Case Write-up (GCW) and Underserved Community Resource Case Write-up**

Students must satisfactorily complete 3 obstetric case write-ups and 3 gynecologic case write-ups as part of the requirement to pass the clinical portion of the clerkship.

**OCW’s Write-ups**

OCW’s are to be completed on patients with specific obstetrical complications with whom the student interacted during the clerkship. Expected components of the OCW’s include: present illness, antenatal testing, past obstetric history, medical history, social history, family history, review of systems, physical examination, impression, plan, labor and delivery data, and infant data.
**GCW’s Write-ups**
GCW’s are to be completed on patients with whom the student interacted during the clerkship. GCW’s will include, but may not be limited to, a complete problem list with an assessment and plan for each problem presented. Expected components of the GCW’s include: present illness, past medical history, preventative health issues, social history, family history, review of systems, physical exam, problem list/differential diagnoses, plan, and OP note.

**Underserved Community Resource Write-up**
In combination with one of above write-ups, you are to focus on community resources available to address the problems/situations presented by your patient. For this particular write-up, you will select a patient who is disadvantaged (preferably a recipient of Medicaid) that is agreed upon by your clerkship director, omit the H and P portion write-up, and focus instead on the Academic Discussion. As part of the Discussion, you will identify three resources available to your patient within the community, visit one of them, and complete a summary of these resources.

**Patient Logs**

The purposes of the patient logs are:

1. To document a student’s clinical experience in the Obstetrics and Gynecology clerkship;
2. To document a student’s satisfactory performance of the clinical skills required to pass the clerkship;
3. To provide a student with formative evaluative feedback on his/her clinical performance;
4. To provide information to the Department on patient availability;
5. To provide information to the Department on faculty clinical activity within the clerkship.

**Students are responsible for documenting every pertinent patient encounter (described in the log) by providing the information requested in the logs on the daily basis.** Clerkship Directors will review the student’s logs periodically throughout the clerkship. Patient encounters must be documented by the appropriate supervising or attending physicians with physician signatures or initials as appropriate. Clinical performance feedback is to be provided, when appropriate.

Log information will be used to determine if the student has (1) appropriately completed during the required clinical activity; (2) successfully performed the required clinical skills and (3) participated in the required number of obstetric and gynecologic procedures, all of which are necessary to meet the clinical requirements of the clerkship. Log information may also be used to describe a student’s level of participation in the clerkship within the final grade memo.
V. PERFORMANCE EXPECTATIONS

**Attendance**

Students will participate in all aspects of the clerkship. Attendance at all scheduled activities during the clerkship is mandatory (e.g., focal problems, clinic assignments, rounds, etc.) Additionally, students are to make themselves available for clinical experiences such as surgeries, deliveries and ambulatory patient care. Clinical obligation ends when the clinical experience has ended or the student has been dismissed by an attending or attending proxy. Students are also expected to complete an absence form for any time away from scheduled clerkship activities (form in Assistant Dean’s office) and your clerkship Director and direct supervisor must be informed as stated on the Block III Policy Manual. Tardiness and unexcused absences will be acknowledged as unprofessional behavior on the CPE form.

Students are expected to participate each day (Monday through Friday, plus any weekend days/ nights the students are assigned on-call duties) of the clerkship’s eight week rotation. Inability to be present at any clerkship function and/or absence during the clerkship must be reported to the Community Clerkship Director’s office. It is expected that any time missed during the clerkship will be made up. The type of make-up is at the discretion of the Community Clerkship Director. Absences of more than five days will result in the student repeating the clerkship. Students will be issued ET grades until absences are resolved.

**Professional Demeanor**

The student should be thoughtful and professional when interacting with patients, their families, clinical staff and faculty. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones or not reflecting cultural respect.

Patterns of unprofessional behavior in a single course/clerkship will become an academic matter. This means that professionalism will be reflected in the student's grade for the course or clerkship, will be included in narrative comments in letters by clerkship faculty, and will be commented upon in the final Dean's letter.

In some instances, student behavior may be so egregious that any single instance will be handled by the disciplinary, not the academic process. Examples of such behavior include instances of academic dishonesty, behaviors which compromise the safety or endanger the welfare of a patient, and instances of threats of harm to patients, patient families, other students, faculty or staff. In the case of such instances, the process followed will be that outlined in the MSRR document, under Disciplinary Hearings.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served and meets the dress requirements of the facility where the student is scheduled for clinical activity. Students may be sent home to dress appropriately should the situation warrant. Please refer to the Block III Student Handbook Section on Professionalism for a more specific description of responsibilities and expectations.
Confidentiality

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the clinical facility, nor is photocopying of the record permitted, unless required for academic purposes, in which case all records must be de-identified (patient identifying information removed). For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart.

On-Call Requirements

To maximize students’ clinical experiences each student is required to be on-call 6 times during the clerkship. Two of these calls must be scheduled for a weekend day. Weekend calls will start with morning report and end at midnight. The remaining 4 calls will be weeknight calls beginning at 5:00 p.m. and ends at midnight. However, when a student is on call, they are not to leave until patient information has been transferred to the next responsible team member. Following call, (both weeknight and weekend) students are expected to report at their normally scheduled time.

All calls are in-house assignments. While on-call, students are expected to work as part of the obstetrical team. They may also be asked to participate in gynecologic cases or workups as well as emergency room visits.