Obstetrics & Gynecology Clerkship

BCC 7130

2016-2017
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Instructors

Education Director

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       Dr. Bush call or text: (850) 393-8587

Email  suzanne.bush@med.fsu.edu

Clerkship Directors

<table>
<thead>
<tr>
<th>Campus</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Pierce</td>
<td>Dr. Heidi McNaney-Flint</td>
</tr>
<tr>
<td>Daytona</td>
<td>Dr. Pamela Carbiener</td>
</tr>
<tr>
<td>Orlando</td>
<td>Dr. Kristin M. Jackson</td>
</tr>
<tr>
<td>Pensacola</td>
<td>Dr. Suzanne Y. Bush</td>
</tr>
<tr>
<td>Sarasota</td>
<td>Dr. Jon Yenari</td>
</tr>
<tr>
<td>Tallahassee</td>
<td>Dr. David O’Bryan</td>
</tr>
<tr>
<td>Marianna LIC</td>
<td>Dr. Steven Spence</td>
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</table>
Course Overview

**Description**

The Obstetrics and Gynecology Clerkship is a six-week, community-based clerkship coordinated by the regional campus Clerkship Director and supervised by the assigned Clerkship Faculty member(s). The purpose of the Obstetrics and Gynecology Clerkship is to develop a level of clinical competency in the obstetrical and gynecological care of women that is appropriate for the general education of all medical students.

**Format**

Students work in ambulatory, inpatient and surgical settings, experiencing the breadth of both obstetrical and gynecological care. Students will deliver basic preventive care for women in a compassionate and insightful manner, and learn to apply appropriate screening practices. Students will communicate appropriate health information to patients and will work collaboratively with healthcare team members. Under the close supervision of experienced Clerkship Faculty, students are expected to assume increasing responsibility for providing ambulatory and in-patient patient care. Students are expected to fully participate in the prenatal, labor, delivery and post partum experiences of assigned patients. Students are also expected to participate in the surgical care of patients including the preoperative evaluation, operative care and postoperative care, and to participate in the performance of obstetrical and gynecologic procedures.

Clerkship Faculty provide regular and continuous feedback to the student about his/her clinical performance. Additionally, the Clerkship Faculty complete a mid-clerkship evaluation for each student and a terminal, end-of-clerkship evaluation of the student’s clinical performance and professionalism.

**Course Components**

**Documentation Expectations**

Students document all clinical encounters and procedures via the COM clinical documentation system. Data entered into the COM documentation system are reviewed and analyzed weekly by the Clerkship Directors and the Education Director. These data confirm that the student has encountered the expected numbers and types of patients, and has performed the expected clinical activities and procedures. These data also confirm the comparability of student experiences from campus to campus and from site to site.

The grid below details minimum numbers of patient encounters, level of performance, types of ambulatory visits, office procedures, screenings, counseling/education activities, obstetrical procedures and surgical procedures students are expected to complete and document during the OB/GYN Clerkship.
OB/GYN Clerkship Specific Tracking Report | 2016-17

Total Patient Encounters - **Minimum 100 REQUIRED**

Place of service goal is: 70% outpatient and 30% inpatient
Minimum is 51% outpatient

<table>
<thead>
<tr>
<th>Encounter Level of Care</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Minimal Level - Minimum Expected &lt;10% [Min. Pt. contact]</td>
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</tr>
<tr>
<td>Moderate Level - Minimum Expected &lt;30% [Hx and/or PE]</td>
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</tr>
<tr>
<td>Complete Level - <strong>Minimum 60% REQUIRED</strong> [Hx, PE (DDx and/or Tx)]</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Visits</th>
<th>Required</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Periodic Preventative Care</td>
<td>10</td>
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<tr>
<td>Prenatal Care</td>
<td>10</td>
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<table>
<thead>
<tr>
<th>Ambulatory Care - <strong>PERFORMED</strong></th>
<th>Required</th>
<th>Observed</th>
<th>Assisted</th>
<th>Performed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>5</td>
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<td>Fetal well-being assessment</td>
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<tr>
<td>Pelvic Exam</td>
<td>10</td>
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<tr>
<td>Screening for Cervical Cancer, Pap Test</td>
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<td>Breast Exam SCBE (Simulated)</td>
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<td></td>
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<td>Breast Exam, Diagnostic</td>
<td>of any</td>
<td></td>
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<td></td>
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<tr>
<td>Breast Exam, Screening</td>
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<table>
<thead>
<tr>
<th>Screenings - <strong>PERFORMED</strong></th>
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<th>Assisted</th>
<th>Performed</th>
<th>Total</th>
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<tbody>
<tr>
<td>Incontinence Assessment</td>
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<td>Osteoporosis Risk Assessment</td>
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<tr>
<td>Screening for Tobacco Use</td>
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<td></td>
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<td>Screening for Depression</td>
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<td>Screening for Domestic Violence</td>
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<td>Screening for Substance Abuse</td>
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<th>Counseling/Pt Edu - <strong>PERFORMED</strong></th>
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<th>Assisted</th>
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<td>Contraception Counseling</td>
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<td>Lactation Counseling</td>
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<td>Screening for Sexually Transmitted Infection</td>
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<td>Preconception Counseling</td>
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<tr>
<td>Screening for Women of Child-bearing Age for Folic Acid Supplementation</td>
<td>1 total</td>
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<td></td>
<td>of either</td>
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<table>
<thead>
<tr>
<th>Normal Obstetrics - <strong>PERFORMED</strong></th>
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<td>APGAR Score Determination</td>
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<td>Coaching Second Stage Labor</td>
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<td>Vaginal Delivery</td>
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### Surgery - PERFORMED

<table>
<thead>
<tr>
<th>Procedure</th>
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<th>Observed</th>
<th>Assisted</th>
<th>Performed</th>
<th>Total</th>
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<tr>
<td>Foley Placement</td>
<td>3</td>
<td></td>
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<tr>
<td>IV placement</td>
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<tr>
<td>Wound Repair/Suturing</td>
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### Surgery - ASSISTED or OBSERVED

<table>
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<th>Procedure</th>
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<th>Performed</th>
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<td>C-Section</td>
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<td>Epidural anesthesia/Spinal</td>
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<td>Intubation</td>
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<td>Laparoscopic Surgery</td>
<td>2</td>
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<tr>
<td>Major Surgical Procedure</td>
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<tr>
<td>Minor Surgical Procedure</td>
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### Other OB/GYN Procedures - OBSERVED

<table>
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<tr>
<th>Procedure</th>
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<tr>
<td>Abnormal PAP Management</td>
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<tr>
<td>Genetic Screening</td>
<td>1</td>
<td></td>
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<tr>
<td>Ultrasound – OB or GYN</td>
<td>1</td>
<td></td>
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</tbody>
</table>

### Other OB/GYN Procedures - NONE REQUIRED

- Colposcopy with/without biopsy
- D&C
- Endometrial ablation
- IUD insertion
- KOH/wet prep
- Mammogram
- Tobacco Cessation Counseling
- Tubal Ligation

### Required OB/GYN PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Required Count</th>
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<tbody>
<tr>
<td>Health maintenance</td>
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<tr>
<td>Labor</td>
<td>5</td>
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<tr>
<td>Menopause</td>
<td>5</td>
</tr>
<tr>
<td>Pap Smear, abnormal</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>10</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>10</td>
</tr>
<tr>
<td>Sexual Activity, Risky</td>
<td>1</td>
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</tbody>
</table>
**Hospital Care of the Newborn Integrated Pediatrics**

To complete the total obstetrical experience, we must always consider the newborn baby’s progress as well. An ideal newborn to follow would be that of your labor, delivery and post-partum patient used in the OB Packet. However, if due to time constraints, that newborn cannot be followed in continuity, use a newborn of another patient to complete these tasks or questions.

1. Observe a newborn assessment either by the pediatrician or nurse *and document in the OB packet*
   a. You may need to stay after rounding with your attending and wait for the pediatrician to arrive.
   b. The newborn assessment may take place at the bedside of the patient (Rooming In) or in the Newborn Nursery.

2. Is the baby Breast or bottle feeding?
   a. Any issues? How would you know if the baby was adequately feeding?

3. Document the milestones that the baby must meet before discharge.

4. If the newborn assessed is not discharged with the mother, what was the reason?

**Work Expectations**

Medical students are subject to the same ACGME work hour restrictions as residents: clinical activity is limited to 80 hours/week.

“Clinical activity” includes the following:

1) Seeing patients in the physician’s office, ambulatory clinic, emergency room or hospital;
2) Participating in the surgical care of patients (ambulatory or in-patient);
3) Participating in the evaluation and management of patients on Labor and Delivery;
4) Time spent on call in the hospital;
5) Meetings with the Clerkship Director; and,
6) Time spent in Doctoring 3/Longitudinal.

Students should track hours of clinical activity and report excessive hours to the Clerkship Director.

In addition to the limit of 80 hours/week of medical student clinical activity, students are not to work more than 30 continuous hours without having time off to rest/sleep. Additionally, on one out of every 7 days the student must be completely off. The 80 hours/week is clinical activity and does not include your study time.

**Call Expectations**

Participating in evening and weekend call is required in each of the first 5 weeks of the clerkship. During the last week of the clerkship, call is not required so that students may study for the NBME subject exam.

The call schedule must include at least one Friday night call and one weekend day (Saturday or Sunday) 24 hour calls. The exact number of other weekend and weekday on-call days/night required to accomplish the clerkship goals depends on the nature and volume of the Clerkship Faculty member’s practice. On call may be taken from home only if your commute is less than 15 minutes away from the hospital. Otherwise, it is strongly encouraged that call be spent “in house” to completely obtain the hospital experience, and to discourage driving while tired, or sleep deprived.
If overnight call is limited to Friday and Saturday in busy obstetric practices, students may take “short call” during the week so as not to miss clinic days. **Short call** usually begins after daytime clinical activities and ends at **10 p.m.** unless directed otherwise by the Clerkship Director. For example, if the attending has a patient who comes in ready for delivery after 10 pm, the student would be expected to return to the hospital for her delivery.

The Clerkship Director should work with the Clerkship Faculty to create, implement and monitor student’s final call schedule. Special scheduling requests from students may be accommodated, when possible, so long as the clerkship requirements for being on call are met. Students should email their schedules to their regional Clerkship Directors. Send any questions or concerns about the call schedule to the Clerkship Director.

**Core Content**

Students are introduced to the core content of Obstetrics and Gynecology through readings in the required textbook (Beckmann), review of other available educational resources and weekly meetings and discussions with the Clerkship Director. At the end of the clerkship, the Clerkship Director documents student participation in these meetings and discussions via the Clerkship Director’s Narrative.

**Required Textbooks**

- E-Book versions of these textbooks are available on the library’s website: [http://med-fsu.libguides.com/Ob-Gyn](http://med-fsu.libguides.com/Ob-Gyn)
- **uWise** (available online via APGO, see Bb for access information): This is a supplemental student learning tool consisting of sample quizzes. These are not required and not part of your grade, but it is highly recommended that you take these quizzes each week. These will be very beneficial in preparation for your NBME Clinical Subject Exam. Please refer to Blackboard for instructions.

**Recommended Mobile Resources**

- The Period App
- MenoPro App
- Sprout Pregnancy App
- PMS Tracker
- Infertility Survival Kit
- Ovia Fertility (Ovulation calculator and period tracker)
- ACOG App (with a link to the pregnancy calculator)
- ASCCP (ultimate source for all things pap/hpv, but cost $11)
- The PAP App (not quite as good as ASCCP APP, but it's free)
- PregWheel (but we prefer the Pregnancy Calculator APP on the ACOG App)
- WUSM APP OB GUIDE (Washington University School of Medicine OB Guide/The Washington Manual)
**Reading Assignments**

Reading assignments, organized by week, are outlined below. Students should spend time in review and preparation for the NBME subject exam in OB/GYN. Case Files and uWise are great tools for surface learning, but the textbook gives an in-depth review of topics. In-depth understanding leads to greater retention.

YouTube.com --- search for APGO -- first selection is [APGO Medical Student Educational Objectives](#)

<table>
<thead>
<tr>
<th>When</th>
<th>Chapters in Beckmann</th>
<th>Case Files</th>
<th>APGO YouTube Video TOPIC</th>
</tr>
</thead>
</table>
| Orientation prior to rotation | Chapter 1: Women’s Health Exam  
Chapter 2: Screening and Preventive Care  
Chapter 3: Ethics  
Chapter 6: Preconception and Antepartum Care  
Chapter 7: Assessment Genetic Disorder  
Chapter 8: Intrapartum Care  
Chapter 9: Abnormal Labor  
Chapter 10: Care Newborn  
Chapter 4: Embryology, Anatomy  
Chapter 5: Maternal-Fetal Physiology  
Chapter 35: Human Sexuality  
Chapter 36: Sexual Assault and Domestic Violence | Case 29: Health Maintenance  
Case 44: Contraception  
Case 54: Delayed Puberty  
Case 1: Labor  
Case 28: Prenatal Care | 1: History  
3: Pap Test and DNA Probes/Culture  
7: Preventative Care and Health Maintenance  
8: Maternal-Fetal Physiology  
9: Preconception Care  
10: Antepartum Care  
11: Intrapartum Care  
14: Abnormal Labor |
| Week 1                | Chapter 11: Post Partum Care  
Chapter 12: Post Partum Hemorrhage  
Chapter 26: Contraception  
Chapter 27: Sterilization  
Chapter 28: Vulvovaginitis  
Chapter 34: Gynecologic Procedures  
Chapter 48: Uterine Fibroids | Case 40: Uterine Leiomyomata  
Case 37: Bacterial Vaginosis  
Case 6: Post Partum Hemorrhage  
Case 7: Serum Screening in Pregnancy  
Case 27: Diabetes in Pregnancy | 27: Postpartum Hemorrhage  
13: Proportum care  
33: Family Planning  
28: Intrapartum Fetal Surveillance |
| LIC in Marianna: Week 3 | Chapter 19: Ectopic, Abortion  
Chapter 29: Sexually Transmitted Disease  
Chapter 30: Pelvic Support Defects  
Chapter 33: Disorders of Breast | Case 34: Urinary Incontinence  
Case 41, 42, 45: Abortion  
Case 43: Ectopic  
Case 26: Breast Mastitis and Abscess  
Case 35: Chlamydial Cervicitis HIV Pregnancy  
Case 32, 33: Pelvic Organ Prolapse  
Case 46, 47, 48: Breast | 14: Lactation  
15: Ectopic Pregnancy  
16: Spontaneous Abortion  
18: Preeclampsia-Eclampsia  
36: Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)  
37: Pelvic Floor Disorders  
40: Disorder of the Breast |
| Week 2                | Chapter 20: Common Endocrine Disorders  
Chapter 21: Gastrointestinal, Renal, and Surgical Complications | Case 4: Shoulder Dystocia  
Case 50: Galactorrhea/Hypothyroidism | 20: Multifetal Gestation  
28: Postpartum Infection |
| LIC in Marianna: Week 6 | Chapter 20: Common Endocrine Disorders  
Chapter 21: Gastrointestinal, Renal, and Surgical Complications | Case 4: Shoulder Dystocia  
Case 50: Galactorrhea/Hypothyroidism | 20: Multifetal Gestation  
28: Postpartum Infection |
| Week 4 | Chapter 14: Fetal Growth  
Chapter 15: Preterm Labor  
Chapter 16: Third Trimester Bleeding  
Chapter 39: Amenorrhea  
Chapter 40: Hirsutism  
Chapter 41: Menopause  
Chapter 42: Infertility | Case 10: Placenta Previa  
Case 11: Placenta Abruption  
Case 12: Placenta Accreta  
Case 51, 55, 49: Amenorrhea  
Case 17: Preterm Labor  
Case 52, 53: P.C.O.S  
Hirsutism | 23: Third Trimester  
Bleeding  
24: Preterm Labor  
31: Fetal Growth  
Abnormalities  
34: Pregnancy  
Termination  
43: Amenorrhea  
44: Hirsutism and  
Virilization  
47: Menopause  
48: Infertility |
|---|---|---|
| Week 5 | Chapter 17: Premature Rupture  
Membranes  
Chapter 18: Post Term Pregnancy  
Chapter 43: Premenstrual Syndrome  
Chapter 44: Cell Biology, Cancer Therapy  
Chapter 45: Gestational Trophoblastic  
Disease  
Chapter 46: Vulvar, Vagina Disease  
Chapter 47: Cervical Neoplasia, Caner  
Chapter 49: Cancer Uterus  
Chapter 50: Ovarian Adnexal Disease | Case 57: Post Menopausal  
Bleeding  
Case 58: Cervical Cancer  
Case 5: Fetal Bradycandia –  
Cord Prolapse  
Case 60: Lichen Sclerosis  
Vulva  
Case 59: Ovarian Tumor  
Case 15: Pulmonary Embolus  
in Pregnancy | 24: Preterm Labor  
30: Postterm  
Pregnancy  
35: Vulvar and  
Vaginal Disease  
50: Gestational  
Trophoblastic  
Disease  
51: Vulvar  
Neoplasms  
52: Cervical  
Disease and  
Neoplasia  
54: Endometrial  
Hyperplasia and  
Carcinoma  
55: Ovarian  
Neoplasms |
| Week 6 | Shelf Test Prep & Review | Other interesting cases: 2,  
3, 13, 14, 21, 31, 56 | Review |
Assignments

<table>
<thead>
<tr>
<th>Students also confirm competency in core content topics by completing all required assignments.</th>
<th>6 week rotation at regional campuses</th>
<th>LIC in Marianna</th>
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<tbody>
<tr>
<td>1. Reflection on First Delivery</td>
<td>Week 3 (or Week 5 for those who begin in Gynecology only)</td>
<td>Week 6</td>
</tr>
<tr>
<td>2. History &amp; Physical Taking Project</td>
<td>Week 3</td>
<td>Week 9</td>
</tr>
<tr>
<td>3. Labor and Delivery Project</td>
<td>Week 5</td>
<td>Week 15</td>
</tr>
<tr>
<td>4. NBME practice quiz ($20) or the uWise practice test (free)</td>
<td>End of Week 3 Turn in scores to CD in Week 4</td>
<td>Week 9 Turn in scores to CD in week 12</td>
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<tr>
<td>Please turn in your raw score to your Clerkship Director in week 4</td>
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<tr>
<td>5. Oral presentation</td>
<td>Week 5 or 6</td>
<td>Week 15 - 18</td>
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</tbody>
</table>

Further details and forms/questionnaires necessary to complete the required assignments are located on the OB/GYN Clerkship Blackboard site. Students must submit completed assignments and reflection by their respective due dates to the Student Academics secure app portal. Comments and feedback will be provided on Student Academics as well. All projects are graded as pass/fail. Performance and response to feedback may impact final grade.

NBME Clinical Subject Exam

At the completion of the clerkship, students must take and pass the NBME Clinical Subject Exam in Obstetrics and Gynecology. Scores at or above the 75th percentile for the NBME shelf exam reference scores obtained by students completing clerkships at a similar time in their clinical training will be considered for honors if all other criteria for Honors have been met, as stated in the grading policy.

Students who fail the NBME Clinical Subject Exam (i.e., score below the 10th percentile) will be given an opportunity to retake the test within 90 days. The initial grade submitted will be “IR”.

Honors grades will not be issued to any student who fails the initial attempt of the NBME examination, unless the student was unable to complete all clerkship/objectives /competencies due to an inability to participated such as illness, injury, family emergencies, etc.
### Competencies-Objectives-Assessment

<table>
<thead>
<tr>
<th>COMPETENCY DOMAIN &amp; PROGRAM SPECIFIC OBJECTIVES</th>
<th>CLERKSHIP SPECIFIC OBJECTIVE</th>
<th>ASSESSMENT METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC    MK    PBL    CS    Prof.    SBP</td>
<td>1) Demonstrate specific core clinical skills necessary to care for female patients.</td>
<td>Observation by Clerkship Faculty and Clerkship Director</td>
</tr>
<tr>
<td>X      X</td>
<td>SLO 1.1: The student routinely includes information about the patient's menstrual, obstetric, gynecologic, sexual and/or contraceptive histories when performing the medical history.</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>SLO 1.2: The student routinely includes a pelvic exam and standard breast exam when appropriate in the physical exam.</td>
<td>Observation by Clerkship Faculty</td>
</tr>
<tr>
<td>X      X</td>
<td>SLO 1.3: The student demonstrates best practice techniques when collecting gynecologic specimens (PAP smear, cervical cultures, and vaginal specimen for vaginitis evaluation).</td>
<td>Observation by Clerkship Faculty</td>
</tr>
<tr>
<td>X      X</td>
<td>SLO 1.4: The student identifies and implements age-appropriate preventive services.</td>
<td>Observation by Clerkship Faculty</td>
</tr>
<tr>
<td>X      X</td>
<td>SLO 1.5: The student utilizes evidence-based screening tools to identify women at risk for: depression, domestic violence, tobacco use, urinary incontinence, and osteoporosis.</td>
<td>Observation by Clerkship Faculty and Analysis of Patient Log data</td>
</tr>
<tr>
<td>X      X      X</td>
<td>SLO 1.6: The student utilizes evidence-based digital resources at the point of care to access clinical information.</td>
<td>Observation by Clerkship Faculty</td>
</tr>
<tr>
<td>X      X      X</td>
<td>SLO 1.7: The student demonstrates sound clinical reasoning by: 1) constructing organized and thorough patient presentations; 2) generating reasonable patient problem lists; 3) formulating appropriate differential diagnoses; and, 4) generating logical diagnostic and management plans.</td>
<td>Observation by Clerkship Faculty and Clerkship Director; and by NBME subject exam</td>
</tr>
</tbody>
</table>

PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning
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<td>PC MK PBL CS Prof. SBP</td>
<td>2) Demonstrate core communications skills necessary to care for female patients.</td>
<td></td>
</tr>
<tr>
<td>X X X X</td>
<td>SLO 2.1: The student will demonstrate basic patient education skills when informing and educating patients about common health concerns.</td>
<td>Observation by Clerkship Faculty and Clerkship Director</td>
</tr>
<tr>
<td>X X X X</td>
<td>SLO 2.2: The student will demonstrate basic counseling skills when addressing the following issues with patients: 1) contraception choices; 2) lactation/breast feeding; 3) osteoporosis prevention; 4) preconception recommendations; 5) prevention of sexually transmitted infections; and, smoking cessation.</td>
<td>Observation by Clerkship Faculty</td>
</tr>
<tr>
<td>X X X X</td>
<td>SLO 2.3: The student will demonstrate shared decision-making techniques when negotiating and communicating patient management plans.</td>
<td>Observation by Clerkship Faculty</td>
</tr>
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<td>PC MK PBL CS Prof. SBP</td>
<td>3) Demonstrate core knowledge and basic skill in the delivery of Obstetrical and Gynecologic care.</td>
<td></td>
</tr>
<tr>
<td>X X X</td>
<td>SLO 3.1: Preconception care: Every fertile patient; every visit.</td>
<td>Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam</td>
</tr>
<tr>
<td>X X X</td>
<td>SLO 3.2: Routine prenatal care, including: 1) diagnosing of pregnancy; 2) discussing the rationale behind initial and subsequent laboratory assessment of the pregnant patient; 3) discussing the appropriate use of diagnostic ultrasonography during pregnancy; 4) identifying women at high risk throughout the pregnancy; 5) recognizing and offering assistance for the common concerns of the pregnant woman; and, 6) recognizing the common complications of pregnancy.</td>
<td>Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam</td>
</tr>
<tr>
<td>X X X</td>
<td>SLO 3.3: Care of the woman in labor, including: 1) diagnosing labor; 2) diagnosing ruptured membranes; 3) determining cervical dilatation; 4) monitoring the progress of labor utilizing Friedman's curve; 5) interpreting basic patterns on a fetal monitoring strip; 6) assisting/performing at least 3 vaginal deliveries; 7) assisting/performing at least 3 perineal</td>
<td>Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam</td>
</tr>
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</table>
SLO 3.4: Routine post-partum care, including: 1) encouraging successful breastfeeding and recognizing common breastfeeding problems; 2) recognizing the symptoms and signs of an uncomplicated post-partum course; 3) identifying common post-partum conditions/complications; and, 4) assisting the patient with choosing appropriate post-partum contraception.

Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam

SLO 3.5: Pre-operative and post-operative care, including: 1) demonstrating appropriate scrubbing and sterile technique; 2) demonstrating basic skills as an operative assistant; 3) performing surgical-associated procedures (dressing changes, suture/staple removal, catheter care, etc.); and, 4) identify common post-operative complications in OB/GYN.

Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam

SLO 3.6: Ambulatory gynecologic care: Can complete the initial evaluation--history and physical exam--and identify the appropriate diagnostic testing for a patient presenting with: 1) vaginal discharge; 2) abnormal PAP smear results; 3) abnormal uterine bleeding, including post-menopausal bleeding; and, 4) breast mass/abnormal mammogram.

Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam

PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning
The student demonstrates the ability to communicate and work effectively with other health professionals.

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<th>Completion of Required Assignments</th>
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## Policies

### Americans with Disabilities Act

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine’s Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

*The Office of Student Counseling Services*
Medical Science Research Building G146
Phone: (850) 645-8256 | Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

*Student Disability Resource Center*
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu

### Academic Honor Code

The Florida State University Academic Honor Policy outlines the University’s expectations for the integrity of students’ academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. *(Florida State University Academic Honor Policy)*

### Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See *FSU CoM Student Handbook* for details of attendance policy, notice of absences and remediation.
Library Policy

The COM Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Subject Guides” found with Resources by subject from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Grading

The standardized clerkship policy can be found on the Office of Medical Education website.

Clerkship-Specific Grading Criteria

How the Final grade will be determined:

1. NBME Clinical Subject Examination in OB/GYN (you must pass to pass the clerkship).
2. Compliance with patient log data entry of at least 100 patient encounters, 60% of which must be full involvement (pass/fail). NOTE: Meeting minimal requirements of encounters may not represent Honors Performance. Encounters must be completed by 5pm on the last day of the rotation.
3. Submission of all assignments: Reflection, Labor & Delivery Module, History & Physical (pass/fail)
4. Faculty evaluations and clerkship director evaluations documenting competency in all required domains
5. Professionalism (pass/fail)

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the Office of Medical Education website. The Obstetrics-Gynecology Clerkship Blackboard site also has a content area with specific dates and deadlines for the Obstetrics-Gynecology clerkship that will be presented in either the first half of the year from July 5 – November 4 or the second half of the year from November 7 to March 31, with 1 formative assessment at the mid point.