COURSE DESCRIPTION

Obstetrics and Gynecology is a six-week clinical clerkship. The objective of the clerkship is to acquaint the student with the varied aspects of medical care for women, with emphasis on acquiring the basic skills of gynecologic and obstetrical history taking and physical examination, participating and assuming responsibility in the evaluation and care of outpatients and inpatients, and acquiring practical experience in the operating and delivery room areas with close supervision by staff. Formal and informal daily teaching sessions and rounds with the clerkship faculty and residents are a part of the six-week experience.

Clerkship directors at the regional campuses will meet with students once per week for teaching, evaluation and feedback. Each student will present a case to the clerkship director each week. Those sessions are constructed so as to cover the Association of Professors of Obstetrics and Gynecology Care objectives under the guidance of clerkship faculty. The criteria used in determining the final grade are the performance evaluations and the National Board Subject shelf examination.

COURSE OBJECTIVES

The course objectives are designed to achieve the clinical competencies and objectives of the Florida State University College of Medicine as applied to obstetrics and gynecology, as well as to incorporate the educational objectives of a third year clinical clerkship as defined by the Association of Professors of Obstetrics and Gynecology.

By the completion of the clerkship in Obstetrics and Gynecology, the student will be able to:

(1) Demonstrate professionalism in relationships with obstetrical and gynecological patients.
   - Respectful, altruistic attitudes
   - Ethically sound practice

(2) Effectively communicate with women patients, demonstrating awareness of gender, age, cultural, and disability issues.
   - Demonstrate interviewing and communication skills that are sensitive to individual abilities and perspectives.
     - Effective communication
     - Impact of gender and differences in power relationships on physician-patient interaction
Women as active partners in their health care

- Perform a comprehensive and a problem-focused women's health history, including the following:
  - Menstrual history
  - Obstetric history
  - Gynecologic history
  - Contraceptive history
  - Sexual history
  - Pertinent family history
  - Pertinent social history

(3) Describe current recommendations for preventive screening and routine health maintenance throughout the life cycle of women.

- Cardiovascular disease
  - Lipid profiles
  - Hypertension
  - Diabetes
  - Smoking

- Common malignancies
  - Cervical cancer
  - Breast cancer
  - Colon cancer
  - Lung cancer
  - Skin cancer

- Weight management
  - Nutrition
  - Exercise

- High-risk sexual behavior
- Family planning
- Genetic counseling and testing
- Pre-conceptional and prenatal counseling
- Osteoporosis

(4) Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women or have interventions that are specific to women:

- Normal pregnancy and birth
- Complications of pregnancy and birth
  - Spontaneous abortion
  - Ectopic pregnancy
  - Preterm labor
  - Preeclampsia-eclampsia syndrome
  - Medical complications during pregnancy
  - Third trimester bleeding
  - Obstetric emergencies
  - Maternal and newborn mortality
  - Perinatal psychiatric disorders

- Normal and abnormal menstruation
- Female sexual response, function, and dysfunction
• Contraception
• Sexually transmitted disease
• Benign vaginal and vulvar conditions
• Urogenital disorders
• Endometriosis
• Reproductive endocrinology
• Infertility
• Menopause and possible sequelae
• Breast disease
• Gynecologic cancers

(5) Perform a gender and age appropriate comprehensive and problem-targeted physical examination, demonstrating proficiency in the techniques of:

• Pelvic examination, including bimanual, speculum, and rectal exams
• Pap smear and genital cultures
• Breast examination
• Instruction in breast self examination

(6) Perform the following procedures in normal obstetrics:

• Diagnose pregnancy
• Routine prenatal examination
• Diagnose labor
• Diagnose ruptured membranes
• Follow the course of labor using a labor curve
• Determine cervical dilatation
• Interpret basic patterns on a fetal monitoring strip
• Spontaneous vaginal delivery
• Repair of episiotomy or perineal laceration

(7) Demonstrate proficiency in scrubbing, sterile technique, and operative assistance.

(8) Discuss the major classes of drugs used in obstetrics and gynecology and appropriately apply pharmacologic principles to the management of common reproductive problems in women.

(9) Demonstrate the ability to apply the biopsychosocial model and patient-centered clinical method to the understanding of patient presentations in the context of obstetrics and gynecology

• Psychological implications of pregnancy
• Psychological implications of reproductive system abnormalities.

(10) Identify and assist victims of physical, emotional, and sexual violence and abuse.

(11) Access and critically evaluate new information and adopt best practices that
incorporate knowledge of sex and gender differences in health and disease.

- Use of evidence-based medicine and practice guidelines
- Use of internet resources and databases

(12) Discuss the impact of gender-based societal and cultural roles and contexts on health care and on women.

(13) Demonstrate awareness of the physician’s own sexuality on his/her interactions with patients, including appropriate boundary-setting behavior.

(14) Demonstrate knowledge of legal issues in obstetrics and gynecology.

- Informed consent
- Legal obligations to protect patient interests

(15) Discuss the impact of health care delivery systems on populations and individuals receiving health care.

- Gender and sex inequality in financing and delivery of care
- State and national health policy decisions
- Public health programs, including family planning, WIC, etc.

CORE CLERKSHIP FACULTY

Janet E. Shepherd M.D.
Education Director for Obstetrics and Gynecology

Suzanne Bush, M.D.
Pensacola Clerkship Director

Arthur Clements, M.D.
Tallahassee Clerkship Director

Armando Fuentes, M.D.
Orlando Clerkship Director

TEACHING AND LEARNING METHODS

The clerkship is primarily an apprenticeship-style experience with a single OB/GYN clerkship faculty member. This contact is designed to provide the student with an appreciation of what a practicing community obstetrician/gynecologist does, both in outpatient settings and in the hospital. The student will make hospital rounds with the faculty member and scrub in on scheduled surgeries and emergency surgeries or deliveries that occur during the student’s assigned hours. On the days the student spends in the office, he or she will be expected to perform one comprehensive work-up and 5 or 6 follow-up histories and physical examinations. All patient encounters will be recorded electronically for review with the clerkship director, and to ensure that the student experiences a variety of cases.
In addition, every student will work with an OB/GYN specialist in maternal-fetal medicine, reproductive endocrinology, and/or gynecologic oncology for the equivalent of one day during the rotation. As in all third year rotations, one half-day per week will be devoted to the student's community-based Doctoring 3 longitudinal clinical experience and another to Doctoring 3 didactic sessions.

Clerkship directors will meet with students at least once per week. Each student will present a case to the clerkship director during this meeting. The clerkship director will also review log entries and make suggestions (alternate clinical experiences, readings, web sites) for learning any uncovered topics/diagnoses. In addition, current readings and MedCases will be discussed.

Clerkship directors will observe and certify that each student has met competency standards in the performance of these areas:

- Full history specific to OB/GYN presenting symptoms
- Clinical breast exam
- Pelvic exam, Pap smear, and genital cultures

There will also be hospital and/or residency didactic sessions that will be determined by the specific site and the clerkship faculty’s schedule.

**Call and weekends**

Students will be on-call every 4th night with their preceptor or another designated physician. The student is expected to stay in-house until 11 PM and may then go home if no one is in active labor. However, the student is encouraged to remain on site at the hospital. If the student does go home, he/she is expected to return to the hospital if the faculty physician calls them in for a valuable learning experience during their night on call. Each student will work at least 2 weekend days per 6 week clerkship. Students will be given time off to rest and study after they have spent a night at the hospital.

**List of Minimum Required Cases for Obstetrics and Gynecology**

These numbers represent the minimum number of patients to be evaluated by each student to ensure ample experience across the usual scope of practice for obstetrics and gynecology, balanced with the desire to have a student workload that is busy but not oppressive. The feasibility of this number has been confirmed by reviewing data on the CDCS system for the first year of clinical rotations.

- Prenatal care - 10
- Intrapartum care - 2
- Obstetric problem - 5
- Vaginal delivery (observed/assisted) - 3
- Vaginal delivery (performed) - 1
- C-section (assisted) - 1
- Postpartum care - 3
- Pap smear (performed) - 5
- Pelvic exam (performed) - 5
Breast exam (performed) - 5
Menstrual abnormality - 2
Urogenital infection – 2
Abnormal Pap smear - 2
Pelvic pain - 2
Infertility - 2
Contraception – 2
Menopause - 2
Gyn surgery (assisted) -1
Laparoscopy (observed/assisted) – 1
Postop management - 2

Appropriate exposure to diverse kinds of patients is assured by scheduling patients specifically for student encounters and monitoring patient encounters on a weekly basis utilizing the CDCS electronic patient encounter system. If it becomes apparent to a Clerkship Director that a student has not seen and is not likely to see the required cases, either the student is assigned to additional faculty where the experiences can take place, or the student is exposed to the experiences secondarily through reading assignments, discussion with clerkship faculty, and/or computerized MedCases.

TEXTBOOKS

REQUIRED:

Obstetrics and Gynecology, 4th Edition (Beckmann, Ling, Barzansky)
Lippincott Williams and Wilkins, Baltimore, Maryland and Philadelphia, Pennsylvania, 2002

Suggested reading for more in-depth coverage of specific topics encountered clinically, and for those students wishing to pursue a career in Ob/Gyn:

Williams Obstetrics, 21st Edition (F. Gary Cunningham et al)
(1668 pages, the definitive textbook of obstetrics)

Lippincott Williams and Wilkins, Philadelphia, 2002

Lippincott Williams and Wilkins, Philadelphia, 1999
(straightforward explanations of the complexities of reproductive endocrinology)

Copies of these books are available online, at the FSU Medical Library, and at all three Regional Campuses.

SELF STUDY PROGRAM

Obstetrics and Gynecology includes healthcare of women throughout the lifespan, special attention to women’s reproductive issues and reproductive system
pathologies, and intensive care of women during pregnancy, delivery, and the postpartum period. Subspecialists devote entire careers to Maternal-Fetal Medicine, Reproductive Endocrinology, and Gynecologic Oncology. This self-study program has been designed to assist students in managing the vast amount of information in ob/gyn, particularly that for which they will be held responsible on National Board Examinations. Students may certainly design their own reading programs, but adherence to this one will provide an organized exposure to the core concepts of the third-year clerkship.

The material is divided into general topics, with chapters from the Beckmann textbook assigned at a rate of about one a day. Each chapter provides a concise summary of an important aspect of the specialty, and concludes with an illustrative case study and review questions. Students may want to read chapters out of this order as they encounter specific clinical entities. In addition, because the chapters are so brief, students are expected to supplement this reading with material from the suggested reading list appropriate to cases they encounter clinically.

Med Cases, computerized problem-based learning experiences, are an integral part of the clerkship learning experience, and can be accessed via the Medical Library Website. Students are expected to perform 10 Med Cases during the ob/gyn rotation. These interesting and informative exercises have been chosen to assist in applying each week’s reading assignments to real-life situations. Students should be prepared to discuss the assigned readings and Med Cases at their weekly meetings with the clerkship director.

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**Week One – Orientation to Obstetrics & Gynecology**

Chapter 1 – Health Care for Women  
Chapter 2 – Ethics in Obstetrics and Gynecology  
Chapter 3 – Embryology, Anatomy, and Reproductive Genetics (a review of basic science material from year 1 and 2 as applied to ob/gyn)  
Chapter 4 – Maternal-Fetal Physiology  
Chapter 33 - Gynecologic Procedures  
Chapter 34 – Reproductive Cycle  
Chapter 48 – Human Sexuality  
Chapter 49- Sexual Assault and Domestic Violence

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**Week Two – Essentials of Obstetrics**

Chapter 5 – Antepartum Care  
Chapter 14 – Abortion  
Chapter 6 – Intrapartum Care  
Chapter 7 – Abnormal Labor  
Chapter 8 – Intrapartum Fetal Surveillance  
Chapter 9 – Immediate Care of the Newborn  
Chapter 10 – Postpartum Care  
Chapter 12 – Postpartum Hemorrhage  
Chapter 13 – Postpartum Infections
Chapter 24 - Obstetric Procedures

Med Cases #203 – Arrest of second stage of labor
   #521 – Lack of prenatal care with a size/date discrepancy

**Week Three – Complicated Obstetrics**

Chapter 11 – Isoimmunization
Chapter 16 – Medical and Surgical Conditions of Pregnancy (Concentrate on those conditions that you encounter clinically, and consider researching them further in Cherry and Merkatz’s Complications of Pregnancy, available on Ovid. In addition, all students should carefully study #6 Glucose Intolerance and Diabetes Mellitus.)
Chapter 17 - Hypertension in Pregnancy
Chapter 18 – Multifetal Gestation
Chapter 19 – Fetal Growth Abnormalities
Chapter 20 - Third Trimester Bleeding
Chapter 21 - Postterm pregnancy
Chapter 22 – Preterm Labor
Chapter 23 – Premature Rupture of Membranes

Med Cases #433 – First prenatal visit, 16 weeks, diabetic
   #435 – No prenatal care, twins, dyspnea, nausea and vomiting

**Week Four – Essentials of Gynecology**

Chapter 15 - Ectopic pregnancy
Chapter 25 - Contraception
Chapter 26 – Sterilization
Chapter 27 – Vulvitis and Vaginitis
Chapter 28 – Sexually Transmitted Disease
Chapter 29 - Pelvic Relaxation, Urinary Incontinence, and Urinary Tract Infections (also see Geriatric Review Syllabus, Chapter 20)
Chapter 30 - Endometriosis
Chapter 31 – Dysmenorrhea and Pelvic Pain
Chapter 32 – Disorders of the Breast

Med Cases #403 Spotting and sharp RLQ pain of three days duration
   #429 Heavy menstrual bleeding and worsening cramping

**Week Five – Reproductive Endocrinology and Infertility**

Chapter 35 – Puberty
Chapter 36 – Amenorrhea and Dysfunctional Uterine Bleeding
Chapter 37 – Hirsutism and Virilization
Chapter 38 – Menopause
Chapter 39 – Infertility
Chapter 40 – Premenstrual syndrome

Med Cases #232 - Increased facial and body hair
   #544 – Primary infertility
Week Six – Gynecologic Oncology

Chapter 41 – Cell Biology and Principles of Cancer Therapy
Chapter 42 - Gestational Trophoblastic Disease
Chapter 43 – Vulvar and Vaginal Disease and Neoplasia
Chapter 44 – Cervical Neoplasia and Carcinoma
Chapter 45 – Uterine Leiomyoma and Neoplasia
Chapter 46 – Endometrial Hyperplasia and Cancer
Chapter 47 - Ovarian and Adnexal Disease

Med Cases #425 – Desire for second opinion on an abnormal Pap smear
#432 – Left adnexal mass detected on routine pelvic examination

Examinations and Grading

Students will be provided with frequent feedback about their performance. Mid-clerkship formative feedback will be given to the students by their clerkship faculty and local clerkship director.

As a performance based course, all students will be expected to achieve competency. Students who do not meet this standard will be required to remediate deficiencies before being advanced to the fourth year curriculum. Students will be provided frequent opportunities to assess their performance in non-graded exercises (modules) to identify areas of strength and weakness prior to graded examinations.

The following methods will be used to assess student progress:
• NBME subject exam to assess knowledge acquisition.
• Clinical evaluations will be performed by the preceptors, residents and clerkship director using a standardized FSU COM clerkship evaluation form. Clerkship directors at each site will submit a summative evaluation which will than be forwarded to the Education Director for review and final grading.

Grades will be based on these components:
(1) NBME shelf exam in Obstetrics and Gynecology– given on the last morning of the rotation.
(2) Clinical evaluations by clerkship faculty and Clerkship Directors, with a final summary given by the Director of the Psychiatry Curriculum.

Students must pass all components to pass the course. The final grade for each student will be based upon the same Honors, Pass, and Fail scale shared by each of the clerkships.

Honors

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2) A student must be judged to “exceed expectations” in at least 10 of the 16
remaining subcategories on the assessment form; AND

3) A student must achieve a score on the NBME specialty shelf examination that is 1.0 SD above the national average for clerkships of comparable length.

Or

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND

2) He/She receives “exceeds expectations” ratings in at least 15/16 categories and

3) He/She achieves an NBME score in at least the 70th percentile when compared to the National Mean for the Quarter they took their clerkship.

Pass

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND

2) A student must be judged to “meet expectations” in at least 14 of the 16 remaining subcategories on the assessment form and have no more than 2 “marginally meets expectations” in the remaining 16 subcategories; AND

3) A student must achieve a score on the NBME specialty shelf examination that is no more than 1.99 SD below the national average for clerkships of comparable length.

Failure

A student is at risk for failure if:

1) He/she does not meet expectations in any subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; OR

2) He/she does not meet expectations in 2 or more of the remaining 16 subcategories on the rating form; OR

3) He/she marginally meets expectations in 3 or more of the remaining subcategories; OR

4) He/she achieves a score 2.0 SD below the national average on the NBME specialty subject examination. (Students who do not pass the NBME will be given an opportunity to re-take the examination to achieve a passing score and a passing grade in the clerkship. Those who do not pass on the re-take will be required to repeat the clerkship in their senior year.)

Remediation of this course for any student receiving a failing grade will be planned and implemented by a decision from the Evaluation and Promotion Committee, in collaboration with the Education Director for Obstetrics and Gynecology.

COURSE EVALUATION

Thoughtful student feedback is vital to assuring a high quality clerkship. All students
will be given an opportunity to provide constructive feedback to the faculty and clerkship directors using the on-line evaluation system. Numerical ratings and comments by all students will be solicited at the end of the clerkship.

ATTENDANCE POLICY

FSU COM ATTENDANCE POLICY

COM Philosophy

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

ATTENDANCE POLICY

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) or the Regional Campus Dean (Year 3/4) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. It is important that students realize that their absence or tardiness negatively impacts a number of other people. Attendance, including tardiness, is part of the student’s evaluation for professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

PROCEDURE FOR NOTIFICATION OF ABSENCE - YEAR 3/4
If the student requests an absence in advance, the "Advance Notification of Absence from Educational Activity(ies) form should be completed, signed by the student and given to the regional campus dean. The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director, will make the final decision regarding the student’s request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

If the absence occurs due to an unforeseen emergency, the student should contact the clerkship director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the education director and the clerkship director will make the final decision regarding implications of the student’s absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the campus dean. Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

As a general rule there will be no excused absence from a required rotation except in cases of emergency. Under extenuating circumstances excused absence from a required rotation may be allowed for purposes of a residency interview if it is determined by the campus dean that the student has no alternative.

REMEDICATION POLICY FOR ABSENCES FROM EXAMINATIONS, QUIZZES, SMALL GROUP SESSIONS, LABORATORY SESSIONS, CLINICAL LEARNING CENTER SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL

The remediation policies for absences from examinations, quizzes, small group sessions, laboratory sessions and clerkship call are:

1. POLICY ON MISSED EXAMINATIONS: Students are required to take major in-term and final examinations. According to the curriculum committee a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The course/education director will determine the time of the exam make-up session. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same examination given to the other students.

2. POLICY ON MISSED QUIZZES: Students are required to take scheduled and unscheduled quizzes in the courses. A student can only be excused from a quiz by a course director decision based on the personal situation of the student. The student must make arrangements with the course/education director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same quiz given to the other students.

3. POLICY ON MISSED SMALL GROUP SESSIONS, LABORATORY SESSIONS, CLINICAL LEARNING CENTER SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL
CALL: The student should contact the course director, small group leader or education director for instructions on remediation of the missed session and material covered.

UN-EXCUSED ABSENCES

It will be the responsibility of the course/education directors to clearly state in their respective course/clerkship syllabi the implications for having an un-excused absence from a scheduled educational or examination activity in a course or clerkship.

Academic Honor Code:

Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook: The Academic Honor System of the Florida State University is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student’s own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.

Students with Disabilities (ADA Statement):

Students with disabilities needing academic accommodations should:

Register with and provide documentation to the student disability Resource Center (SDRC);

Bring a letter to the instructor from the SDRC indicating you need academic accommodations. This should be done within the first week of class. Specific arrangements should be settled with the instructor 5 working days prior to each exam for which accommodations are being requested.

(Revised May 19, 2004)