COURSE DESCRIPTION

The Obstetrics and Gynecology Clerkship is a six-week, community-based, clerkship. Students spend at least 8 patient care sessions each week providing clinical care to patients under the direct supervision of a practicing obstetrician-gynecologist. These community-based OBGYN physicians are members of the College of Medicine’s clinical faculty.

The rationale for the OBGYN Clerkship is to:

1. Familiarize each student with the principles and content that define the discipline of obstetrics and gynecology;
2. Provide opportunities for each student to apply these principles and content knowledge in a supervised OBGYN clinical experience; and,
3. Expose each student to an experienced and competent OBGYN role model.

The goals of the OBGYN Clerkship include:

1. Familiarize each student with the delivery of Preventive Care for women in ambulatory settings; as practiced in the discipline of Obstetrics and Gynecology.
2. Provide opportunities for each student to acquire and apply the core content knowledge of the specialty
3. Provide opportunities for the student to improve communication skills when dealing with the important health concerns of women by a general OBGYN specialist.
4. Provide opportunities for the student to identify women at risk for conditions that could adversely affect their general and reproductive health, well-being and ability to function.
5. Provide opportunities to investigate, discuss, and reflect upon personal responses to the myriad legal and ethical issues involved in the care of women.
6. Expose students to the clinical practice of obstetrics;
7. Expose students to the inpatient and surgical care of women

The clerkship strives to be competency based. The competencies students are required to demonstrate upon completion of the OBGYN clerkship are those essential to the enlightened care of women. For many students, the 3rd year clerkship is the first and last exposure to the specialty of Obstetrics and Gynecology. It may be their final opportunity to deliver concentrated gender-specific care to women. Consequently, objectives of the clerkship consider practice expectations for a new medical graduate pursuing a primary care internship. Emphasis is placed on key female gender specific skills and knowledge of conditions that all physicians, regardless of specialty, would be well served to have in a professional practice armamentarium.

The educational content of the OBGYN Clerkship emphasizes the evaluation and treatment of women with the common clinical problems/conditions as cared for by a
general Obstetrician-Gynecologist. Inclusion of other educational content enriches the Clerkship experience, but the Clerkship’s core content focuses on improving the student’s ability to combine the skills of history-taking and physical examination with insight regarding core OBGYN concepts. Students will strive to evaluate and establish a differential diagnosis. Students are expected to diligently develop this skill but not rush to narrow their focus at this stage of their education. Before a differential diagnosis can be developed, the student must be able to succinctly identify a problem (or series of problems). Only after a general problem is identified, can a differential diagnosis be developed in a logical manner. After assessing the appropriate diagnostic work-up, students are encouraged to recommend targeted tests tied to specific components of the differential diagnosis. As the student becomes more proficient and obtain more clinical experience, assessment of the most likely diagnoses will occur. Communicating appropriate health information to patients and healthcare team members is essential. An awareness of personal responses to ethical dilemmas is important.

Under the close supervision of experienced, Board Eligible or Board Certified Obstetricians and Gynecologists, students are expected to assume increasing responsibility in the basic care of women. As surgical care is introduced, students gain experience in preoperative evaluation, the operating room, and postoperative care. Maternal care, introduced in the ambulatory setting, allows students to fully participate in the prenatal, labor, delivery and post partum experience of their assigned patients. Formal and informal daily teaching sessions are encouraged. Students maintain an e-portfolio containing core clerkship assignments. Call is every fourth night. Clerkship directors at the regional campuses meet with students once per week for teaching, evaluation and feedback. Case based learning at these meetings provides an opportunity for each student to present cases to the clerkship director. These sessions are constructed so as assist the student in acquiring the basic didactic objectives as well as presentation skills. The criteria used in determining the final grade are the performance evaluations, completion of all required assignments and the National Board Subject shelf examination.

A required self-study program combines assignments in a case-based format with readings and other activities that emphasize active engagement with the content. Students document and analyze their experience via the CDCS system, complete required clerkship projects and employ self-directed and faculty-directed learning activities to achieve clerkship objectives.

**COURSE OBJECTIVES**

Course Objectives outline the entire scope of the OBGYN Clerkship. Each objective has a specific measurable outcome for which the student is responsible. These objectives can also be found from the Blackboard Course Menu. Students are advised to read this information thoroughly and assure they are completely understood. These objectives The OBGYN Objectives from APGO for the Third Year Clerkship remain the core knowledge base for students. All readings, cases and other activities are designed to address the most important of these objectives in the time available while preparing students both for the practice of medicine as it relates to women and the NBME shelf exam. The content is addressed from the perspective of a clinician. Students are responsible for knowing this content even if it is not discussed in weekly meetings with the clerkship director.

**CLERKSHIP FACULTY**
Complete Listing Of OB-GYN Clerkship Faculty

TEACHING AND LEARNING METHODS

The clerkship is primarily an apprenticeship-style experience. Each student is usually assigned to a single OB/GYN clerkship faculty member. In some cases, the rotation is split between an obstetric practitioner and a gynecologic practitioner. Students learn by experiencing interactions with patients common in the practice of a community-based obstetrician/gynecologist. These experiences are in both outpatient settings and in the hospital. The student makes hospital rounds with the faculty member and scrubs in on scheduled surgeries, emergency surgeries or deliveries that occur during assigned hours. Each day in the office, the student is expected to perform at least one comprehensive work-up and 5 or 6 follow-up histories and physical examinations. The student counsels or educates at least 2 patients per week on assigned topics. Students perform assigned risk assessments at least once daily when in the office. Students use a super bill format to assist them in correctly documenting all patient encounters ultimately recorded electronically in the CDCS for review with the clerkship director. This will ensure that the student experiences a variety of cases. All CDCS submissions for a given week should occur no later Saturday of that same week. It is expected that approximately 2/3 of the patient encounters will involve moderate or full participation. Students should have 150-170 patient encounters during the rotation. This number may be higher when the student is assigned to a high volume obstetric practice where many prenatal visits occur.

Clerkship directors meet with students once every week. Case based learning occurs at each session. The specific format is determined by the Clerkship Director, but may include presenting a case, a lecture or a PowerPoint presentation. Current readings and Med Ed Cases are discussed if students have questions and if time permits. The clerkship director also reviews log entries and makes suggestions (alternate clinical experiences, readings, web sites) for learning any uncovered topics/diagnoses.

By the end of the rotation, clerkship directors observe students in the clinical setting of their choice to verify that each student has objectively met competency standards in the performance of the clinical skills in women’s health as outlined in the clerkship objectives. This is a summative encounter in which students will document competency in the core clerkship skills. The expectations for these skills are outlined for students in the document Basic Skills in Women’s Health found on the Blackboard. Students must show mastery of all skill in order to successfully complete the clerkship. A make-up session will be required of any student not meeting the basic skills expectations.

Students complete all modules in the clinically-based self-study program. In addition students complete all Core Clerkship activities. These activities are submitted via the student e-portfolio to which the clerkship director and education director have access.

As for all third year rotations, one half-day per week is spent at the student’s community-based Doctoring 3 longitudinal clinical experience and one half-day per week is devoted to Doctoring 3 didactic sessions.
IMPORTANT TOPICS IN CARING FOR WOMEN

· Preventive care
  § Preconceptual
  § Prenatal
  § Age Appropriate Guidelines
  § Special Issues of Increased Risk
· Abnormal PAP Smears
· Post Menopausal Bleeding
· Breast Abnormalities
· Ectopic Pregnancy
· Pregnancy
  § Obstetric emergencies
  § Common obstetric problems 1&2
  § In labor
  § Facilitating successful breastfeeding
· Breast abnormalities
· Complaints of pelvic pain
· Family planning services
· Menstrual cycle irregularities
· Abnormal bleeding in early pregnancy
· Benign gynecologic conditions
· Sexual concerns
· Climacteric
· Reproductive difficulties
· Sexually Transmitted Infections
· Urinary Incontinence
· Risk assessment (screening) in women
  o Screening for Psycho Social Risk Factors in Women across the lifespan
    § Substance abuse
    § Depression
    § Domestic violence
  o Urinary incontinence
  o Sexual dysfunction
  o Pain
· Ethics/professionalism in the care of women
  o Informed consent and informed refusal in OBGYN
  o Current ethical dilemmas in contraception
  o Genetic screening:
    § Gyn
    § OB

SELF-STUDY PROGRAM

Obstetrics and Gynecology encompasses healthcare of women throughout the lifespan. The general Obstetrician-Gynecologist serves as the sole primary care provider for many women throughout their reproductive years. Beginning, perhaps, with special attention to women’s reproductive issues and reproductive system pathologies, or the intensive care of women during pregnancy, delivery, and the postpartum period., a special relationship is developed. In addition, subspecialists
devote entire careers to Maternal-Fetal Medicine, Reproductive Endocrinology, Urogynecology and Gynecologic Oncology.

The self-study program has been designed to focus on that core material which by nature is more generally applicable to the care of women. The structure of the modules is designed to assist students in developing the self-directed learning skills necessary to manage the vast amount of information in medicine relating not only to the specialty of Obstetrics and Gynecology, but to Women's Health in general. By completing this program, students should be prepared for success on National Board Examinations in the field of Obstetrics and Gynecology. Students are expected to gain confidence in using a case based approach to seek out and discover new information independently or in collegial relationships with peers. The ability to formulate good clinical questions and seek out appropriate resources to answer those questions will prepare the student for the lifelong learning that is required of all physicians competently caring for patients.

The modules center around common presentations in women seeking healthcare. The modules are complemented by the Core Clerkship Assignments. Each module is unique, but the general format includes readings (suggested or assigned), as well as other activities such as Med Cases. After completing the required set of modules and the Core Clerkship Assignments, self-directed learners should be well prepared for the Shelf exam.

Some required readings are related to the consideration of ethical dilemmas and discussions of new practice recommendations. Students are not required to memorize facts about these documents, but rather to understand the issues and the dilemmas they impose to consider core concepts in OBGYN. These readings have been chosen to inspire investigation which should reinforce basic concepts in women’s health. It is the basic concepts that will either be subjects on the NBME exams or skills testing. Reflective assignments, an important aspect of this process, are maintained by the student on an e-portfolio which is reviewed by the clerkship director and/or education director. In addition, videos, counseling and screening assignments supplement any direct clinical experience with the common presentation the student may have.

**COMPONENTS OF THE SELF STUDY PROGRAM**

For the specific assignments and more thorough explanations, please refer to the information under the Self Study Program tab of the Blackboard.

*Med Cases plus Prep*

Med Cases serve as the springboard for students to launch into self-directed learning. These computerized, problem-based learning experiences, are an integral part of the clerkship learning experience. The Prep helps 3rd year students focus on the information necessary to meaningfully complete the exercises as interactive clinical scenarios.

Students may work individually or as a team. Prior to accessing a MedEd case, students will complete the associated prep. The original Med Cases generally require some knowledge of the clinical condition, evaluation and studies/lab work. The associated prep will help students to appropriately target responses to the questions within each case.
MedCases can be accessed via the Medical Library Web site or this link. Med Case Prep can be found on Blackboard. See Self Study Program under the corresponding week of the rotation.

MedCases are assigned in conjunction with other learning activities and themes within the self study program. Each week students will have between 4-6 cases. In total, students are expected to complete 31 Med Cases during the OBGYN rotation. Completion of the cases will be monitored by the clerkship director who will collect the answer sheets which the student prints off. These interesting and informative exercises have been chosen to assist in applying each week’s didactic material to real-life situations. Students should be prepared to discuss any assigned readings and Med Cases at the weekly meetings with the clerkship director.

Readings

Students who wish to meet basic expectations must read assigned readings. The assigned readings alone will not prepare students for the NBME or Shelf exam. Students who supplement this self study with reading material from the suggested reading list or reference list as well as e-journals as appropriate to cases they encounter clinically will be considered to meet expectations at the pass level. Students who exceed expectations at the honors level will demonstrate a more aggressive interaction with the literature and other resources.

Core Clerkship Assignments

These assignments are designed to complement the self-study program. They are monitored in the e-portfolio. Satisfactory completion of all Core Clerkship assignments is required to pass the course.

Ethic Board (optional)

Students have the opportunity to interact with fellow students at all campuses as they work through several ethical cases. During the 2-4th week, students are asked to outline their own ethical case on Blackboard and fellow students will respond. The Board will be monitored periodically.

CORE CLINICAL SKILLS IN WOMEN'S HEALTH

In the last 2 weeks of the clerkship, Clerkship Directors will perform a summative evaluation of the core clinical skills for the OBGYN rotation. This evaluation will use standardized rubrics across all clinical sites. The location of the testing will be at the discretion of the Clerkship Director who will observe the student performing these skills with actual patients. Students will have at least 3 days notice prior to the evaluation. Specific expectations are similar to what students learned in their CLC experience during the second year. Students are provided with the information and format for demonstrating competency. This information can be found on the Blackboard site under Clinical Skills Testing.

The following clinical skills will be tested by the Clerkship Director using standarized rubrics across all campus sites:
- Gender Specific History
- Pelvic Exam
- Breast exam
- Documenting/referring a breast abnormality*
- Counseling
- Screening Appropriately
- Best Practices*
  § KOH/Wet Prep/Vaginitis
  § GC and Chlamydia PCR testing
  § GBBS testing
  § Thin Prep PAP smear technique

* Some degree of simulation may occur. If the patient selected does not have an actual abnormality, the clerkship director will supply enough information for the student to demonstrate these competencies.

**CORE CLERKSHIP ASSIGNMENTS** (including e Portfolio)

Students maintain an e portfolio where specific written core clerkship assignments are maintained. Upon request, students will provide electronic copies of these assignments to the clerkship director, or education director. Specific assignments can be found on the Blackboard site. The assignments use core content as the basis for understanding the complexities associated with clinical reasoning, professional judgment and the breadth of the concept of continuity of care. In addition, students are asked to keep a record of the types of counseling and encounters specific to OB/GYN. See the FORMS tab on the Blackboard menu for these forms.

E portfolio Assignments

See Core Clerkship Assignments found on the course menu for complete explanation of Assignments.

**GOALS OF THE e PORTFOLIO ASSIGNMENTS INCLUDE**

- Improve Differential Diagnosis Skills
- Facilitate Development of Mindful Practice
  - Ethics
  - Self reflection
  - Self directed learning
- Emphasize importance of continuity of care around procedures: The Obstetric Packets

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Minimum No. Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Packet</td>
<td>2</td>
</tr>
<tr>
<td>Components listed below</td>
<td></td>
</tr>
<tr>
<td>Partogram (Friedman’s Curve)</td>
<td></td>
</tr>
<tr>
<td>Nursing Feedback</td>
<td></td>
</tr>
</tbody>
</table>
1. Labor worksheet
2. Transitional Period worksheet
3. Postpartum care worksheet
4. Reflective Piece (Delivery)
5. Differential Diagnosis Activity
   see assignment explanation for
   details
6. Reflection Activities
   see assignment explanation for
   6 total
   - Informed Consent/Informed refusal 1
   - Positive Domestic Violence screen 1
   - Positive substance abuse screen 1
   - Down Syndrome testing 1
   - Ovarian Cancer Screening CA125 1
   - Breast Cancer Genetic testing 1
7. Mid Rotation Reflection 1
8. Informed Consent Note
   see assignment explanation for
   details
   1 observed, one as assigned (different than observed)

Students may also participate in optional weekly asynchronous, on-line discussions of ethical situations. In week 3-4 present an experience they consider an ethical dilemma they have encountered specific to OBGYN care. These topics are discussed. Reflection in the e portfolio is encouraged whenever dilemmas occur for students.

**PATIENT ENCOUNTERS**

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 or other methods.

These numbers represent the minimum number of patient encounters suggested for each student to ensure ample experience across the usual scope of practice for obstetrics and gynecology.

Patient encounters guidelines

**OBGYN CLERKSHIP**
<table>
<thead>
<tr>
<th>Minimum No. Suggested</th>
<th>150-170</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast exam (performed)</td>
<td>5</td>
</tr>
<tr>
<td>Breast Exam Complete (Mammacare method performed)</td>
<td>2</td>
</tr>
<tr>
<td>Catheter ,Foley ,straight cath or red rubber</td>
<td>3</td>
</tr>
<tr>
<td>C-section (assisted)</td>
<td>3</td>
</tr>
<tr>
<td>Cervical check**</td>
<td>2</td>
</tr>
<tr>
<td>Circumcision ( observed)</td>
<td>1</td>
</tr>
<tr>
<td>Collection of Cervical culture / PCR/DNA Probe</td>
<td>4</td>
</tr>
<tr>
<td>Collection of other genital specimens: GBBS/HSV vulvar lesion</td>
<td>2</td>
</tr>
<tr>
<td>Colposcopy observed</td>
<td>2</td>
</tr>
<tr>
<td>DEXA (Bone Densitometry) Observed*</td>
<td>1</td>
</tr>
<tr>
<td>Diagnostic breast study observed*</td>
<td>1</td>
</tr>
<tr>
<td>Gyn surgery (assisted)</td>
<td>1</td>
</tr>
<tr>
<td>Incontinence evaluation (Urodynamics)*</td>
<td>1</td>
</tr>
<tr>
<td>Intubation ( observe/assist)</td>
<td>1</td>
</tr>
<tr>
<td>IV insertion</td>
<td>2</td>
</tr>
<tr>
<td>Labor</td>
<td>3</td>
</tr>
<tr>
<td>Laparoscopy (observed/assisted)</td>
<td>1</td>
</tr>
<tr>
<td>LEEP or Cryotherapy*</td>
<td>1</td>
</tr>
<tr>
<td>Leopold’s maneuvers</td>
<td>2</td>
</tr>
<tr>
<td>Mammography , routine observed*</td>
<td>1</td>
</tr>
<tr>
<td>Mammography , diagnostic observed*</td>
<td>1</td>
</tr>
<tr>
<td>Obstetric problem</td>
<td>3</td>
</tr>
</tbody>
</table>
### Patient education

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear (performed)</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic exam, complete (performed) including speculum insertion and bimanual exam</td>
<td>5</td>
</tr>
<tr>
<td>Pelvic exam, not complete</td>
<td>2</td>
</tr>
<tr>
<td>Pelvimetry, clinical</td>
<td>2</td>
</tr>
<tr>
<td>Postop management</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>3</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>5</td>
</tr>
<tr>
<td>Rectovaginal exam</td>
<td>1</td>
</tr>
<tr>
<td>Scalp electrode placement**</td>
<td>1</td>
</tr>
<tr>
<td>Spinal (observe, assisted) -</td>
<td>1</td>
</tr>
<tr>
<td>Vaginal delivery (observed/assisted)</td>
<td>2</td>
</tr>
<tr>
<td>Vaginal delivery (performed)</td>
<td>1</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>3</td>
</tr>
<tr>
<td>Well Woman Annual Exam</td>
<td>5</td>
</tr>
<tr>
<td>Wet Mount</td>
<td>4</td>
</tr>
</tbody>
</table>

* = suggested  
** at the discretion of faculty, not required

### Diagnoses of particular importance include

- Abnormal Pap test
- Abnormal bleeding in pregnancy
- Breast abnormality*
- Postmenopausal bleeding*
- Contraception
- Domestic violence*
- Depression*
- Infertility
Menopause-related issues*

Menstrual abnormality

Pelvic pain

Urogenital infection

Urinary incontinence*

*These diagnoses are emphasized in accordance with FSUCOM’s mission to be responsive to geriatric needs in the population. Experiences with assessment for depression, urinary incontinence, and domestic violence are specifically recorded in the CDCS system.

Required Counseling and Screening

Screening and counseling may take place in the office, the hospital or when on call and must be documented in the forms provided under Forms in the Blackboard Menu. In addition, counseling must be documented as patient education in the CDCS database. Enter screening in the appropriate CDCS categories.

<table>
<thead>
<tr>
<th>Required Screening and Counseling</th>
<th>Minimum No. Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal</strong></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Screening</td>
<td>5</td>
</tr>
<tr>
<td>Domestic Violence Screening</td>
<td>5</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>5</td>
</tr>
<tr>
<td>Lactation Counseling</td>
<td>3</td>
</tr>
<tr>
<td>Genetic Counseling (observe)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Postpartum</strong></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Screening</td>
<td>5</td>
</tr>
<tr>
<td>Postpartum Depression Screen</td>
<td>5</td>
</tr>
<tr>
<td>Breastfeeding Counseling</td>
<td>3</td>
</tr>
<tr>
<td>Contraception Counseling (may do in prenatal period if circumstances)</td>
<td>3</td>
</tr>
<tr>
<td>Incontinence screening</td>
<td>3</td>
</tr>
<tr>
<td>------------------------</td>
<td>---</td>
</tr>
<tr>
<td>GYN care *( non-pregnant women)</td>
<td></td>
</tr>
<tr>
<td>Genetic Concerns ( observe, includes preconceptual)</td>
<td>1</td>
</tr>
<tr>
<td>Abnormal Pap Smear Counseling</td>
<td>1</td>
</tr>
<tr>
<td>Pelvic Pain Screen</td>
<td>2</td>
</tr>
<tr>
<td>Sexual Dysfunction Screen</td>
<td>1</td>
</tr>
<tr>
<td>Contraception Counseling</td>
<td>1</td>
</tr>
<tr>
<td>Osteoporosis/Menopause</td>
<td>1</td>
</tr>
<tr>
<td>Incontinence Screening</td>
<td>5</td>
</tr>
<tr>
<td>Domestic Violence Screening</td>
<td>3</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>5</td>
</tr>
<tr>
<td>Student Choice Counseling</td>
<td>3</td>
</tr>
</tbody>
</table>

**TEXTBOOKS**

Required:
NO PURCHASE REQUIRED.
Individual reading assignments, both required and suggested are available in digital format to all students of FSUCOM free of charge either as chapters of the e-books listed below or as journal articles that will be listed by assignment on the Blackboard site. It is expected that students will read in a self directed manner once presented with real or simulated clinical situations

Required Library e-books

<table>
<thead>
<tr>
<th>Author/Title</th>
<th>Edition</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cunningham, F. Gary</td>
<td>Williams Obstetrics, 22nd ed.</td>
<td>2005</td>
</tr>
<tr>
<td>Gabbe, Steven G.</td>
<td>Obstetrics - Normal and Problem Pregnancies, 4th ed.</td>
<td>2002</td>
</tr>
<tr>
<td>Sanfilippo, Joseph S.</td>
<td>Pediatric and Adolescent Gynecology, 2nd ed.</td>
<td>2001</td>
</tr>
<tr>
<td>Speroff, Leon</td>
<td>Clinical Gynecologic Endocrinology and Infertility, 7th ed.</td>
<td>2005</td>
</tr>
</tbody>
</table>

Other Required readings:

In addition to suggested and required readings found in the assigned e-textbooks, there are a number of e-journal readings assigned or suggested. These readings are
available either as a link to the e resource or as a PDF file. The readings can be found within each module and assignment on Blackboard under the Self Study Tab. Readings are found in the corresponding module under the week the module is assigned.

New Library e-books that are excellent references:

Briggs, Gerald G.  
**Drugs in Pregnancy and Lactation**  
2008

Danforth, David N.  
**Danforth’s Obstetrics and Gynecology, 10th ed.**  
2008

Wheeless, Clifford R.  
2008

Other Library e-books that are excellent references:

Craigo, Sabrina D.  
**Medical Complications in Pregnancy**  
2005

DiSaia, Philip J.  
**Clinical Gynecologic Oncology, 6th ed.**  
2002

Gershenson, David M.  
**Operative Gynecology, 2nd ed.**  
2001

**CALL AND WEEKENDS**

- Students are on-call every 4th night with their preceptor or another designated physician.
- Because much of the clinical activity in OB/GYN occurs at night, students are expected to remain at the hospital when on call.
- When on call and not otherwise occupied, students are encouraged to become involved in cases managed by residents.
- Each student works at least 2 weekend days per 6 week clerkship.
- Students are given time off to rest and study after they have spent a night at the hospital.
- Keep Friedman's Curves on all patients followed.

**STATEMENT REGARDING STUDENT WORK HOURS**

Students will adhere to the ACGME rules regarding the workweek, which include:

- working no more than 80 hours per week.
- No more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties.
- At least one of every 7 days completely off from educational activities.

**ACOG STUDENT MEMBERSHIP**

Students are requested to obtain a free student membership in the American College of Obstetricians and Gynecologists (ACOG) by June 15, 2008 but certainly no later than 1 month prior to the beginning of their OBGYN rotation. Student membership in ACOG will allow simple access to many resources such as online articles and patient education materials. The process can take up to 2 weeks.
Benefits of student membership include: access to the "member" side of the ACOG Web site as well as access to the Resource Center, the ACOG library, for research documents. Selected ACOG Patient Educational Pamphlets (up to 10) may be ordered. In addition, free medical student registration at Annual Clinical Meeting (ACM) and most Annual District Meetings (ADM) Students are also able to request a free Obstetric wheel as members.

**APGO RESOURCES**

The Association of Professors of Gynecology and Obstetrics (APGO) has a variety of student resources including a [guide to the OBGYN clerkship](http://www.acog.org/departments/membership/medstudentapp.cfm). While this resource is designed for more traditional tertiary center based rotations, students may find the guide helpful when preparing to begin the rotation. In addition, there are other student resources including a guide to [residency programs](http://www.acog.org/departments/membership/medstudentapp.cfm).

**CLERKSHIP POLICY : PELVIC EXAM UNDER ANESTHESIA BY MEDICAL STUDENTS**

Medical students are frequently assigned to the operating room as a member of the surgical team during the core clerkship and elective courses in Obstetrics and Gynecology. The attending physician, who is responsible for the care of the patient, also is responsible to determine the level of participation of the student, the specific tasks that the student may perform and to assure the appropriate supervision of the student.

As a part of many gynecologic surgeries, a pelvic examination under anesthesia (EUA) is performed to provide valuable information for the safe conduct of the operation. When an EUA is planned as part of the procedure, it is important that all aspects of the surgical procedure, including the EUA, be discussed with the patient. The written consent specifically include “examination under anesthesia” is ideally documented. In addition to the surgeon, other physician members of the surgical team may perform an EUA to confirm the findings or render an additional opinion. In this circumstance, the EUA also may provide an opportunity to teach other physician members of the team regarding the surgical decision-making process, and the selection of the surgical approach.

A medical student who is part of the surgical team may not perform an EUA unless the patient specifically consents to also having a medical student perform the examination. At FSUCOM, students work in the individual faculty practices rather than in a hospital based residency practice. Since faculty discuss the participation of students in surgical procedures and obtain this permission from their patients, there is more direct relationship of the student to the patient than in traditional medical school settings. At all times, the personal wishes of the patient should determine the extent of her participation in the education process. Refusal to have a medical student perform an EUA should not in any way affect the care of the patient. Documentation of Exam Under Anesthesia on the operative consent with a verbal discussion with the patient about the involvement of the medical student will serve to address concerns:

- EUA should be performed only by members of the surgical team who are directly involved in the care of that patient.
- EUA should only be performed by a student when it is an appropriate part of the evaluation of the patient and should never be performed solely for teaching.

- An EUA as part of a planned procedure should only be performed by a student with the signed written consent of the patient on a form containing the words “Examination under Anesthesia”. The specific words “by medical student” need not be written on the consent form because the faculty member will verbally obtain permission for the medical student to participate in all aspects of the surgical procedure as a member of the surgeon’s team.

- When an EUA is performed by a student, the patient should be draped similarly to when a pelvic examination is performed on an awake patient in the office setting.

**FSU CLERKSHIP EXAMINATION AND GRADING POLICY**

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