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 specialty of Obstetrics and Gynecology encompasses healthcare for women across the lifespan. The general Obstetrician-Gynecologist serves as the sole primary care provider for many women throughout their reproductive years. The OBGYN develops a special relationship with patients. It may begin with special attention to women’s reproductive issues, reproductive system pathologies, or the intensive care of women during pregnancy, delivery, and the postpartum period. The physician-patient relationship matures and often extends over many years and life stages. A wide range of possibilities for practice choices make OBGYN an attractive specialty. The opportunity to sub-specialize includes fellowships in the areas of Maternal-Fetal Medicine, Reproductive Endocrinology, Urogynecology and Gynecologic Oncology. Additional training in Family Planning or Laparoscopic surgery are also available. While the traditional image of a very busy practice with unpredictable hours is chosen by many Ob-Gyns, the breadth of choices in practice and sub-specialization afford opportunity to accommodate any lifestyle consideration.

The rationale for the OBGYN Clerkship is to familiarize students with the core principles and content that define Women’s Health, Obstetrics and Gynecology. Goals of the OBGYN Clerkship include participation in ambulatory preventive care for women; practical application of the core content of the specialty in both inpatient and outpatient settings; improvement of communication skills regarding health concerns affecting women; identification and initial planning for women at risk for conditions that adversely impact current and future well-being; investigation, discussion, and reflection upon personal responses to the myriad legal and ethical issues involved in the care of women; and exposure to the clinical practice of obstetrics as well as the inpatient and surgical care of women with gynecologic conditions.

The clerkship strives to be competency based. By rotation’s end, students demonstrate competency in skills that are considered essential to the enlightened care of women. This clerkship may be the first and last exposure to OBGYN. It is the final opportunity many students have to participate in 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 core clinical skills of pelvic examination, breast examination, genital specimen retrieval and counseling are practiced in the clinical setting. Competency is assessed by the Clerkship Director near rotation end using standard rubrics. Skill in developing a differential diagnosis is evaluated. Screening for risk and communicating appropriate health information to patients and healthcare team members is stressed. 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. Students gain experience in preoperative evaluation, the operating room, and postoperative care. Students fully participate in the prenatal, labor, delivery and postpartum experiences of their assigned patients. Students take call in compliance with the current RRC guidelines for residents. Formal and informal daily teaching sessions are encouraged. Students maintain e-portfolios containing core clerkship assignments which include reflective activities. Students receive weekly teaching, evaluation and feedback from the clerkship director. Among other activities counseling and presentation skills are developed. The 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. The criteria used in determining the final grade are the performance evaluations, timely completion of all required core clerkship assignments with an adequate patient load, and the National Board Subject shelf examination. Clerkship Directors assess and document basic competency in breast examination, pelvic examination and the collection of genital specimens. The OBGYN Blackboard site serves as a syllabus extension. The Education Director is responsible for assigning the final grade for the clerkship.

COURSE OBJECTIVES

The Course Objectives outline the entire educational scope of the OBGYN Clerkship. Each objective has a specific measurable outcome for which the student is held responsible. These can be found in the syllabus extension (Blackboard Course) under the menu tab labelled BASICS.

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 modular self-study approaches the clerkship objectives from a clinical perspective.

CLERKSHIP FACULTY
The complete Listing of OB-GYN Clerkship Faculty is located in the syllabus extension (Blackboard Course) under the menu tab labelled BASICS.

REQUIRED TEXTS

There are 2 required textbooks


Any additional required reading is available in digital format to all students of FSUCOM free of charge through library subscriptions.

TEACHING AND LEARNING METHODS

*Overview*

Students are usually assigned to a single generalist OB/GYN clerkship faculty member. In some cases, the rotation is split between an obstetric practitioner and a gynecologic surgery practitioner. Students learn by experiencing interactions with patients common in the practice of a community-based OBGYN. These experiences are in both ambulatory and inpatient settings. 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 4 patients per week on assigned topics. Students perform each assigned risk assessment at least once daily when in the office. CDCS data is reviewed with the clerkship director regularly. This will ensure that the student experiences a variety of cases. All CDCS submissions should occur daily. Random central assessments of timely documentation occur centrally. It is expected that approximately 2/3 of the patient encounters will involve full participation using the OBGYN documentation criteria. Students should document a minimum of 120-150 patient encounters during the rotation. The actual 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 at least once weekly. Case based learning including patient presentations are emphasized. Additional discussions of centered on core clerkship assignments occur. Current readings and Cases Files are discussed if students have questions and if time permits. The clerkship director reviews CDCCS log entries and makes suggestions (alternate clinical experiences, readings, web sites) for learning any uncovered topics/diagnoses. By the beginning of the 4th week of the rotation, Clerkship Directors meet with students individually to review the reflective mid-rotation feedback form to afford each student the best opportunity for success on the clerkship.

In the final two weeks 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 syllabus extension (Blackboard Course) under the menu tab SKILLS. In order to successfully complete the clerkship, students must demonstrate mastery of all core skills at the basic level. Successful completion of make-up session will be required of any student not meeting the basic skills expectations. If it is not possible to complete the make-up session during the rotation, an Incomplete grade will be posted until such time as competency is demonstrated.

Students are required to 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.

Key Concepts

- 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
  ▪ Labor and Delivery
  ▪ 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 includes:
  o Screening for Psycho Social Risk Factors in Women across the lifespan
    ▪ Substance abuse
    ▪ Depression
    ▪ Domestic violence
    ▪ Tobacco
  o Urinary incontinence
  o Sexual dysfunction
  o Pain

• Ethics/professionalism in the care of women
  o Informed refusal in OBGYN
  o Current topics in contraception
  o Genetic Screening:
    ▪ Gyn
    ▪ OB

SELF-STUDY PROGRAM

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 who competently care for patients.
Overview

The Self Study Program is arranged in modules that reflect the key concepts. 2-3 modules are assigned weekly. The modules review common presentations in women seeking care in primary care settings and are complemented by required Core Clerkship Assignments. The general format includes reading assignments, uWise Cases and assigned cases. In addition, videos, counseling and screening assignments supplement any direct clinical experience. After completing the required modules and the Core Clerkship Assignments, self-directed learners should be well prepared for the Shelf exam.

In addition, some required readings concern ethical dilemmas and discussions of new evidence based practice recommendations. Students are not required to memorize facts about these documents, but rather to understand the issues and the dilemmas they impose as applied to core concepts in OBGYN. These readings have been chosen to inspire investigation which should reinforce basic concepts in women’s health.

For the specific assignments and more thorough explanations, please refer to the ASSIGNMENTS tab on the menu of the syllabus extension (Blackboard Course).

Readings

Students who wish to meet basic expectations read all assigned readings. 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.

Case Files

Cases from the assigned text are correlated to the module reading assignments.

uWise

Students are expected to complete the uWise sections as assigned in the weekly modules Access to the material requires a user name and password that can be found in the syllabus extension (Blackboard) under the menu tab BASICS.:
Videos and other digital media

Whenever possible, videos are assigned to enhance reading material.

MP3’s

A number of required readings are available in MP3 format for students wishing to listen rather than read. The content of the MP3 library is currently under expansion.

CORE CLERKSHIP ACTIVITIES

Overview

These assignments complement the self-study program and reinforce specific goals and objectives of the clerkship. They fall into 2 categories: Core Clerkship Discussions are monitored by the Clerkship Director in weekly sessions. The Core Clerkship Assignments are monitored by the Education Director and housed in the e-Portfolio. Satisfactory completion of all Core Clerkship activities is required to pass the course. Failure to complete and submit Core Clerkship requirements by the due dates place students at risk to fail the rotation.

The assignments use core content as the basis for understanding the complexities associated with clinical reasoning, professional judgement 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 OBGYN. See the FORMS tab on the syllabus extension menu (Blackboard) to locate these forms.

Core Clerkship Assignments: ePortfolio

Students create and maintain an e portfolio where specific written core clerkship assignments are maintained. At times, students will also be asked to provide electronic copies of these assignments to the clerkship director, or education director. When notified by the education director that there is a problem with access to ePortfolio, the student has 24 hours to resolve the issue. To successfully complete a Core Clerkship Assignment for ePortfolio, it must be uploaded with the proper labeling and format. Explanations and due dates for each assignment are found in the syllabus extension (Blackboard Course) under the Assignments tab on the menu.

Goals
1. Improve Differential Diagnosis Skills
2. Facilitate Development of Mindful Practice
   - Ethics
   - Self reflection
   - Self directed learning
3. Emphasize importance of continuity of care around procedures
   - The Obstetric Packet

Content

The 12 documents to be posted in ePortfolio are listed below.

1. Clerkship Goals Statement and Reflective Mid-rotation Feedback
2. First Delivery Reflection
3. Additional Delivery Reflection
4. First Major OBGYN Surgery Reflection
5. Informed Refusal Reflection
6. Down’s Syndrome Testing Reflection
7. Differential diagnosis activity
8. OB Packet:
   a. Labor Curve
   b. Cord Gas Interpretation
   c. Labor, Delivery, Newborn and Postpartum Assessment Worksheet
   d. Nursing Feedback Form
   e. Postpartum Counseling and Screening Form

Core Clerkship Discussions

These interactive sessions are coupled with assigned readings from the self-study. Specific expectations are described in the CORE CLERKSHIP ACTIVITIES tab of the syllabus extension (Blackboard). Participation and preparation are evaluated by the Clerkship Director. Comments on performance appear in the Clerkship Director Summary. Students are not required to upload documents associated with these assignments.

Topics:

1. Caring for Women with Adnexal Masses and Incidental Cysts: misuse of CA125 as a screening test
2. New Horizons in Contraception: IUDs in Teens and the Ethics of Tubal Ligation
3. Basics of Screening and Testing for Hereditary Breast Cancer in a Primary Care Practice

CDCS DOCUMENTATION

Overview

Throughout residency and medical practice, documentation of encounters, procedures and associated diagnoses is required. In some respects, CDCS data entry is a parallel process. CDCS data, diagnosis and procedure must be logged on each patient. Students are expected to document clinical experiences at the time they occur. For grading purposes, CDCS is randomly checked at 8:00 am at least 5 times during the rotation therefore syncing is recommended daily.

In addition to accurately documenting the clinical experience, CDCS data helps determine what learning experiences should be developed for future students. The Clerkship Director can modify the clinical experience to meet clerkship goals. These modifications may take several forms: temporary assignment to another site where required experiences can occur; supplemental reading assignments or case based assignments; discussion with clerkship faculty; or other methods.

There are clerkship specific guidelines for how CDCS(6,8),(995,988) must be entered. This specific information is found in the syllabus extension (Blackboard) under the menu tab CDCS.

Expected Encounters

The specific number of expected encounters is available in the syllabus extension (Blackboard) under the CDCS tab on the menu. In general, most procedures that can be performed in ambulatory settings should be done at least once per day. Breast exams performed in the manner practiced in Doctoring 2 are required.

Problems to be documented

Only problems specifically related to the OBGYN objectives need be documented. See the syllabus extension under the menu tab CDCS for more specific information regarding key problems. Use the drop down box rather than the alphabetical listing. It will save time.
CLINICAL DUTY

Overview
Clinical hours are subject to the same work hour restrictions as residents. The clinical week is limited to 80 hours. Keeping in mind that part of a medical students role is to accrue a significant amount of knowledge in addition to participating in clinical care, when possible a weekly average of 65 hours of clinical time will allow students quality study time. The RRC guidelines for residency are in effect. Specific guidelines can be found in the syllabus extension (Blackboard) under the BASICS tab.

Student Work Hours

- A student is not required to take more than 8 nights on call.
- All students will take at least 1 overnight call.
- All students will take at least 2 weekend calls (Saturday or Sunday).
- Students may be asked to track work hours and report them weekly.
- No call will occur after midnight on the last Monday of the rotation.
- Clinical duties will not exceed 80 hours per week.
  - No more than 24 hours may be worked continuously
  - Hours spent sleeping at home or in hospital when on call do not count in the total hours worked
  - One of every 7 days must be completely off from clinical activities.
  - Call should be arranged such that students rarely miss clinical days.
  - If overnight call is limited to Friday and Saturday in busy obstetric practices, students can take short call during the week so as not to miss clinic days.

Examples of Clinical Duties:

- In addition to direct patient contact, examples of clinical duties include:
  - Pre-rounding and sign-out rounds
  - Rounding
  - Patient Charting
  - Time actively involved in patient care while on call
  - D3 and Longitudinal
  - Weekly meetings with Clerkship Directors

- Clinical duties do not include:
  - Travel time for student to clinical site
Lunch and other meal times
- Time spent preparing for patient care such as reading or researching
- Study time to prepare for the Shelf Exam
- Time spent on Core Clerkship Activities
- Time spent sleeping while “on call”.

**Call**

Students are on-call overnight one or more times during the rotation. This must include weekend call on 2 separate weeks. The average of 16 actively engaged call hours during each of the first 5 weeks of the rotation. **Time spent sleeping and not at the patient bedside is not included in this total.** Some short call may be taken as directed by the Clerkship Director. The exact number of nights required to accomplish this will depend on the practice in which a student rotates. In a busy practice delivering over 100 infants per month, students may be up an entire night and will reach the 80 hours sooner than in a smaller practice that delivers 30 patients per month. In any case, a student will be on call for no more than 10 nights during the rotation. The exact distribution of call will be determined by the practice patterns of the faculty with whom a student works.

- The final overnight call period in a rotation ends at 8 am the Sunday immediately preceding the last week of the rotation. Students take no short call after the final Monday evening of the rotation.
- The clerkship director is responsible for monitoring the rotational call schedule both to maximize the opportunity for each student to actively participate on Labor and Delivery and to assure that work hour restrictions are met.
- It is strongly suggested that the Clerkship director determines or approves the final call schedule. They may allow students to suggest a preferred call schedule.
- A final call schedule for the rotation must be developed and coordinated by the end of the first week of each rotation. One copy should be kept at the regional campus and another must be submitted to the Education Director no later than the 7th day of the rotation.
- All students must take at least one Friday night call, a weekend call and an overnight call.

**Caring for patients when procedures are involved**

**Labor and delivery**

When a patient is laboring, students are expected to remain in the hospital participating in their care. It is expected that students will spend a large amount of time working directly with the L&D nurse caring for their patients. The student’s
purpose is the gain an understanding of what the patient, her support people and the nurses do during the process of labor. Time should be spent at the bedside and not in the doctor’s lounge or nursing station. Observe or assist the nurse starting IV’s, observe anesthesia placing an epidural, place the Foley Catheter. **Students are expected to be in the room at all times with patients they are following during the second stage of labor.** Except for precipitous deliveries, it is inappropriate for students to only present themselves for the delivery. Although only 1 OB packet is required, students should complete it early and experience as many deliveries as possible with the same degree of involvement thereafter.

**Surgical Operations**

Students are expected to prepare for scheduled surgery by reviewing the anticipated procedure and anatomy in the online version of TeLinde’s Gynecology. The patient’s record and preoperative studies should be reviewed. Students present in the OR early for the case when the patient is being assessed by anesthesia to assist with moving the patient, prepping the patient and possibly placing the Foley catheter. In addition, students are to follow these patients postoperatively.

**RESOURCES**

**ACOG Student Membership**

Students are requested to obtain a free student membership in the American College of Obstetricians and Gynecologists (ACOG) by June 25, 2009 but certainly no later than 1 month prior to the beginning of subsequent OBGYN rotations. 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.

[http://www.acog.org/departments/membership/medstudentapp.cfm](http://www.acog.org/departments/membership/medstudentapp.cfm)

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 of ACOG.
**APGO Student Website**

The Association of Professors of Gynecology and Obstetrics (APGO) has a variety of student resources including a guide to the OBGYN clerkship. 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.

**OBGYN Library Website**

There is a new page specific to the OBGYN Clerkship that may be accessed through the library home page. It contains many important links to recommended resources. The library has a large number of standard OBGYN texts that are used by residency programs.

**IMPORTANT POLICIES**

**Clerkship Grading Policy 2009-2010**

The appendix and the syllabus extension (Blackboard Course) contains the complete FSUCOM Grading Policy for 2009-2010.

The additional policies specific for the OBGYN Clerkship include:

**Pass**

A passing grade for the OBGYN clerkship requires:

- the satisfactory completion of all core clerkship assignments including reflective activities, e-portfolio activities
- recording required screening and counseling outlined in the syllabus extension (Course Blackboard).

- Basic Competency in core skills in Women’s Health

**Honors**

In addition to the expectations listed above under pass, a student performing at the honors level must exhibit:

1. Personal responsibility commensurate with the distinction.
   a. Striving to meet procedure and diagnosis minimum recommendations*
b. Consistent CDCS documentation  
c. Adherence to assignment deadline  

2. Active participation in all screening and counseling activities  

Students who otherwise meet criteria for honors risks having the final clerkship grade lowered because of failure to meet these expectations.  

*Occasionally a practice setting will not present sufficient opportunity to meet the expected minimums. Early consultation with the Clerkship Director and attempts to obtain sufficient experience in alternate venues will allow students to come sufficiently close to minimum expectations as to be acceptable. However, this discussion must begin no later than the mid-rotation feedback reflection. This concern must also be documented on the mid-rotation feedback form.  

**Attendance Policy**  

See: FSU COM STUDENT HANDBOOK 2009-2010  

Note: Students must clear any absence with the Education Director prior to the absence. In some cases students may have legitimate requests such as presentation of cases at meetings, family emergencies or religious holidays. In all cases, missed clinical time can often be remediated by taking additional call. Once approved by the Education Director, the student and Clerkship Director may make a remediation plan.  

**Academic Honor Code**  

See: FSU COM STUDENT HANDBOOK 2009-2010  

**Students With Disabilities (ADA Statement)**  

See: FSU COM STUDENT HANDBOOK 2009-2010  

**Course Evaluation By Students**  

Thoughtful student feedback is vital to assuring a high quality clerkship. All students are expected to provide constructive feedback to the clerkship faculty and clerkship directors using the on-line course evaluation system (MedEdIQ). This system collects both quantitative student ratings and narrative comments.
from students. Additional opportunities to discuss student concerns are provided at each meeting between the Clerkship Director and the student.

Students should provide feedback in a manner professionally commensurate with the type of feedback which they would wish to obtain.

Direct Feedback to the Education Director regarding the course is appreciated and encouraged. This may occur at any time during or after the rotation.

**Technology And Digital Resources Supporting Course**

As befitting a 21st century medical school, all of the physical resources necessary for this course are in place. Student learning areas, complete with computers, selected textbooks, internet access and videoconferencing equipment, are available at each regional campus site. Students have been provided with a portable laptop computer, a personal digital assistant and the appropriate software for each. Copies of many required and recommended texts and medical journals are available through the FSU COM library, and many of these materials are available in on-line in their electronic version. An electronic log of patient encounters (CDCS) is provided to students and will be maintained by the Office of Medical Education.

**OBGYN CLERKSHIP POLICY FOR 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.