



## BCC 7130 Obstetrics and Gynecology Clerkship 2019-2020

### **Education Director**

**Suzanne Y. Bush, MD**

Florida State University College of Medicine  
Regional Medical School Campus - Pensacola  
8880 University Parkway – Suite A  
Pensacola, FL 32514-4911

Phone: (850) 494-5939 x102 (Sandra Nevels)

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

Email: [suzanne.bush@med.fsu.edu](mailto:suzanne.bush@med.fsu.edu)

<b>Campus</b>	<b>Clerkship Director</b>
Daytona	Pamela Carbiener, MD
Fort Pierce	Heidi McNaney-Flint, MD
Orlando	Kristin M. Jackson, MD
Pensacola	Suzanne Y. Bush, MD
Sarasota	Jon Yenari, MD
Tallahassee	David O'Bryan, MD
<b>Rural Program Site</b>	<b>Clerkship Administrator</b>
Marianna	Steven Spence, MD
Thomasville	Calvin Reams, MD

# Contents

Overview .....	3
Description.....	3
Orientation and Syllabus Review.....	3
Longitudinal Integrated Curriculum (LIC).....	3
Scheduled Hours/On-Call .....	3
Student Workhour Policy and Documentation .....	4
Absences.....	4
Components.....	4
Required Assignments .....	4
Hospital Care of the Newborn: Integrated Pediatrics .....	5
Patient Care .....	5
Patient Log (ETS).....	5
Meetings and Lectures .....	7
End of Clerkship Exam .....	7
Learning Resources .....	7
Readings.....	7
Recommended Mobile Resources.....	10
Modules .....	10
Institutional Resources .....	11
Evaluation and Grading.....	11
Mid-Clerkship Feedback .....	11
Evaluation .....	11
Clerkship Specific Grading .....	11
Policies .....	11
Student Mistreatment Policy.....	11
College of Medicine Attendance Policy .....	11
Academic Honor Policy .....	12
Americans with Disabilities Act .....	12
College of Medicine Student Disability Resources .....	12
Competencies .....	12

# Overview

## **Description**

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Obstetrics and Gynecology Clerkship is a six-week, community-based clerkship coordinated by the regional campus Clerkship Director and supervised by the assigned Clerkship Faculty member(s). The purpose of the Obstetrics and Gynecology Clerkship is to develop a level of clinical competency in the obstetrical and gynecological care of women that is appropriate for the general education of all medical students. Students work in ambulatory, inpatient and surgical settings, experiencing the breadth of both obstetrical and gynecological care. Students will deliver basic preventive care for women in a compassionate and insightful manner and learn to apply appropriate screening practices. Students will communicate appropriate health education to patients and will work collaboratively with healthcare team members. Under the close supervision of experienced Clerkship Faculty, students are expected to assume increasing responsibility for providing ambulatory and in-patient patient care. Students are expected to fully participate in the prenatal, labor, delivery and post-partum experiences of assigned patients. Students are also expected to participate in the surgical care of patients including the preoperative evaluation, operative care and postoperative care, and to participate in the performance of obstetrical and gynecologic procedures.

## **Orientation and Syllabus Review**

Students are required to review the syllabus **prior** to the first day of the clerkship. In addition to review of the syllabus, students may be asked to meet the Clerkship Director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the clerkship. Students are **required** to review several documents and videos as listed below. Textbook readings are assigned as review and to enhance a baseline knowledge at the start of the course.

Read the Welcome Letter	Both documents are linked on the Canvas OBGYN homepage
Read the APGO Guide to Success	
Read chapters from the Obstetrics and Gynecology (Beckmann) text	Specific chapters, cases and videos are outlined in the "Readings" section in this syllabus
Read cases from the Case Files Obstetrics and Gynecology (Toy) text	
Review the eight short APGO videos	

## **Longitudinal Integrated Curriculum (LIC)**

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the [Office of Medical Education](#) website.

## **Scheduled Hours/On-Call**

Participating in evening and weekend call is required in each of the first 5 weeks of the clerkship. During the last week of the clerkship, call is not required so that students may study for the NBME subject exam. However, if you have been absent or other requirements have not been met, call may be required that week.

**The call schedule must include at least one Friday night call and one weekend day (Saturday or Sunday) 24 hour calls.**

The exact number of other weekend and weekday on-call days/nights required to accomplish the clerkship goals depends on the nature and volume of the Clerkship Faculty member's practice. **On call may be taken from home only if your commute is less than 15 minutes away from the hospital.** Otherwise, it is strongly encouraged that call be spent "in house" to completely obtain the hospital experience, and to discourage driving while tired, or sleep deprived.

If overnight call is limited to Friday and Saturday in busy obstetric practices, students may take "short call" during the week so as not to miss clinic days. **Short call** usually begins after daytime clinical activities and ends at **10 p.m.** unless directed otherwise by the Clerkship Director. For example, if the attending has a patient who comes in ready for delivery after 10 pm, the student would be expected to return to the hospital for her delivery. The Clerkship Director should

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

During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 or more days per week with Clerkship Faculty.

### ***Student Workhour Policy and Documentation***

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the [Encounter Tracking System \(ETS\)](#) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (includes clinical care and documentation in medical record) and assigned educational activities (Doctoring 3 didactics, clerkship meetings, educational meetings at residency programs). Failure to report work hours is considered a breach of professionalism.

Hours that **should not be included in self-reported work hours** include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

### ***Absences***

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.**

## **Components**

### ***Required Assignments***

Students will confirm competency in core content topics by completing all five required assignments. The goal is to have two of the projects completed by mid-rotation, and the remaining at the end of the clerkship. There may be some variation to the below schedule, as directed by your clerkship director. The mid-rotation feedback is based on completion of these projects and the results of your mid-rotation practice exam. Further details and forms/questionnaires necessary to complete the required assignments are located on the **OB/GYN Clerkship Canvas site**.

- **Submission Guideline:** Students will submit their assignments and reflection **by their respective due date** as a Microsoft Word document to be uploaded into Student Academics.
  - The Education Director will review and return with feedback. All projects are graded as pass/fail. If the assignment is not submitted on time, or is completed in an unsatisfactory fashion, remediation will be necessary and the student is no longer eligible for honors for the clerkship

*Sample timeline*

Required Assignments	6 Week Block Clerkship	Longitudinal Integrated Clerkship
1. Reflection on First Delivery	Week 3 (due Sunday of Week 3 at midnight)	Week 6 – (due Sunday of Week 6 at midnight)
2. History & Physical Taking Project	Week 3 (due Sunday of Week 3 at midnight)	Week 9 (due Sunday of Week 9 at midnight)
3. Labor and Delivery Project	Week 6 (due at 5:00 pm - either EST or CST - on last day of clerkship.)	Week 18 (due at 5:00 pm - EST or CST – on last day of clerkship.)
4. Mid rotation formative examination: Choose an NBME clinical science mastery series self-assessment (cost is \$20) <b>or</b> take the the uWise practice test (free).	End of Week 3 Upload raw score to Student Academics and submit to Clerkship Director during mid-rotation formative feedback.	Week 9 Upload raw score to Student Academics and submit to Clerkship Administrator and CD during formative feedback in week 12.
5. Mini Oral exam	Week 5 or 6 Upload the case list to Student Academics.	Week 15 – 18 Upload the case list to Student Academics.

***Hospital Care of the Newborn: Integrated Pediatrics***

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

1. Observe a newborn assessment either by the pediatrician, resident physician, certified nurse midwife, nurse practitioner or physician’s assistant, **and document in the OB packet**
  - a. You may need to stay after rounding with your attending and wait for the pediatrician to arrive.
  - b. The newborn assessment may take place at the bedside of the patient (Rooming In) or in the Newborn Nursery.
2. What laboratory screen tests are performed?
  - a. What routine lab is performed on all newborns in the state of Florida?
  - b. What specific lab if any was order on this baby and why?
3. Is the baby breast or bottle feeding?
  - a. Any issues? How would you know if the baby was adequately feeding?
4. Document the milestones that the baby must meet before discharge.
  - b. If the newborn assessed is not discharged with the mother, what was the reason?

***Patient Care***

Patient Care is delivered in a variety of settings and is designated clinical activity. Students should develop patient care skills that are compassionate, appropriate, and effective for treating health problems and promoting health. In this clerkship, Patient Care includes:

1. Seeing patients in the physician’s office, ambulatory clinic, emergency room or hospital
2. Participating in the surgical care of patients (ambulatory or in-patient)
3. Participating in the evaluation and management of patients on Labor and Delivery
4. Time spent on call in the hospital

***Patient Log (ETS)***

Students document all clinical encounters and procedures in the **Encounters Tracking System (ETS)**. Data entered into the ETS are reviewed and analyzed weekly by the Clerkship Director and the Education Director. These data confirm that the student has encountered the expected numbers and types of patients, performed the expected clinical activities and procedures and to confirm the comparability of student experiences from campus to campus and from site to site.

The below details **minimum numbers of patient encounters**, level of participation, visit types, procedures, screenings, counseling/education activities, etc. students are expected to complete and document during the OB/GYN Clerkship.

**NOTE:** Attaining minimal number of patient encounters will not necessarily represent Honors performance.

OB/GYN Patient Log Requirements   2019-20			
Number of patient encounters (minimum)	100	Visit Type	Minimum
Location of Service: Outpatient (minimum)	*51%	Periodic Preventative Care	10
Encounter Level of Participation: FULL	60%	Prenatal Care (Outpatient)	10
<b>REQUIRED Procedures-Level of Participation: PERFORMED</b>		<b>REQUIRED Procedures-Level of Participation: Assisted OR Observed</b>	
<b>Ambulatory Care</b>	<b>Minimum</b>	<b>Surgery</b>	<b>Minimum</b>
Culture, Cervical or Vaginal	5	Cesarean Section	1
Fetal Well-Being Assessment	10	Epidural/Spinal Anesthesia	1
Pelvic Exam	10	Intubation	1
Breast Exam Screening	10 total	Laparoscopic Surgery	2
Breast Exam, Simulated		Major Surgical Procedure	2
Breast Exam, Diagnostic		Minor Surgical Procedure	2
<b>Normal Obstetrics</b>	<b>Minimum</b>		
APGAR Score Determination	5	<b>REQUIRED Procedures-Level of Participation: Observed</b>	
Coaching Second Stage Labor	5	<b>Other OB/GYN Procedures</b>	<b>Minimum</b>
Vaginal Delivery	3	Abnormal PAP Management	1
<b>Surgery</b>	<b>Minimum</b>	Ultrasound – OB or GYN	1
Foley Placement	3		
IV Placement	1		
Wound Repair/Suturing	1		
<b>REQUIRED Screenings-Level of Participation: PERFORMED</b>		<b>REQUIRED Counseling-Level of Participation: PERFORMED</b>	
	<b>Minimum</b>		<b>Minimum</b>
Cervical Cancer Screening	5	Contraception Counseling	5
Domestic Violence Screening	5	Lactation Counseling	5
Incontinence Assessment	3	Sexually Transmitted Infection Counseling/Prevention	5
Osteoporosis Screening	3	Preconception Counseling	1 (either of these)
Screening for Depression	5	Folic Acid Supplementation for Women Who are Planning or Are Capable of Pregnancy	
Sexually Transmitted Infection Screening	5		
Substance Abuse Screening, General	1		
Tobacco Use Screen (any user status)	5		
<b>REQUIRED Problems</b>	<b>Minimum</b>		
Abnormal Pap Test	1		
Health Maintenance	10		
Labor	5		
Menopause	5		
Postpartum Care	10		
Prenatal Care	10		

There are several procedures that provide an excellent learning experience, but are not always possible to see or perform in a 6-week block clerkship. Whenever possible, students should participate in the care of patients requiring these procedures. If not possible, these will be discussed in the weekly Clerkship Rounds.

- Colposcopy
- Dilation & curettage
- Endometrial ablation
- IUD insertion
- KOH/wet prep
- Mammogram (observed)
- Tubal ligation

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For “Level of Participation in Patient Care” the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

### ***Meetings and Lectures***

The students meet with the Clerkship Director or their designee, in a small group setting on average of once each week. Standardized PowerPoint case based learning modules are interspersed with NBME style questions. The clerkship director facilitates the sessions building medical knowledge and fostering the students’ critical thinking, clinical reasoning, and team participation. These sessions are matched to the readings assigned each week, keeping the students on task for completion of material by the 5th week of the clerkship. The students are asked give an oral presentation of a patient encounter each week, working on their poise, content and proficiency.

This weekly session is also a protected time to answer any questions about the syllabus, assignments, or encounter documentation. At the end of the clerkship, the Clerkship Director documents student participation in these meetings and discussions via the Clerkship Director’s Narrative.

### ***End of Clerkship Exam***

Students must complete a mid-rotation formative examination by choosing either the NBME Clinical Science Mastery Series self-assessment (cost is \$20) or the uWise practice test (free). On the last day of the clerkship, students will take either the NBME Clinical Subject examination for Obstetrics and Gynecology. There are NBME self-assessment tools available by request to your Student Support Coordinator.

## **Learning Resources**

### ***Readings***

Students are introduced to the core content of Obstetrics and Gynecology through readings of the **two required textbooks** below. Students will access both texts via the COM Charlotte Edwards Maguire Medical Library’s [Obstetrics & Gynecology Subject Guide](#).

- [Obstetrics and Gynecology for Medical Students](#) 8<sup>th</sup> edition by Beckmann, et al. Published April 2019. ISBN-10: 9781451144314
- [Case Files Obstetrics and Gynecology](#), 5<sup>th</sup> Edition, by Toy, et al. Published 2016. ISBN: 978-0-07-184872-5.

Student will also view the [APGO Medical Student Education Objectives](#) videos (listed by topic number) which are hosted on YouTube.

Students should spend time in review and preparation for the NBME subject examination in OB/GYN. The Case Files text and uWise are great tools for surface learning, but the Beckmann textbook gives an in-depth review of topics and in-

depth understanding leads to greater retention. However, occasionally, further reading on a topic could be found in references via the [COM Charlotte Edwards Maguire Medical Library's Obstetrics & Gynecology Subject Guide](#).

All reading assignments are organized by week, as outlined in the table below.

Obstetrics and Gynecology (Beckmann) Listed by chapter	Case Files Obstetrics and Gynecology (Toy) Listed by case	APGO Medical Student Educational Objectives Listed by topic
<b>Orientation Prior to Start of Clerkship</b>		
<p><b>Chapter 1:</b> Women's Health Exam  <b>Chapter 2:</b> Screening and Preventive Care  <b>Chapter 3:</b> Ethics  <b>Chapter 4:</b> Embryology, Anatomy  <b>Chapter 5:</b> Maternal-Fetal  <b>Chapter 6:</b> Preconception and Antepartum Care  <b>Chapter 7:</b> Assessment Genetic Disorder  <b>Chapter 8:</b> Intrapartum Care  <b>Chapter 9:</b> Abnormal Labor  <b>Chapter 10:</b> Care Newborn Physiology  <b>Chapter 35:</b> Human Sexuality  <b>Chapter 36:</b> Sexual Assault and Domestic Violence</p>	<p><b>Case 1:</b> Labor (Latent Phase)  <b>Case 28:</b> Prenatal Care   <b>Case 29:</b> Health Maintenance, Age 66 years  <b>Case 44:</b> Contraception  <b>Case 54:</b> Pubertal Delay, Gonadal Dysgenesis</p>	<p><b>1:</b>History  <b>3:</b>Pap Test and DNA Probes/Culture  <b>7:</b> Preventative Care and Health Maintenance  <b>8:</b> Maternal-Fetal Physiology  <b>9:</b> Preconception Care  <b>10:</b> Antepartum Care  <b>11:</b> Intrapartum Care  <b>14:</b> Abnormal Labor</p>
<b>Traditional Clerkship Week 1   LIC Week 3</b>		
<p><b>Chapter 11:</b> Post Partum Care  <b>Chapter 12:</b> Post Partum Hemorrhage  <b>Chapter 26:</b> Contraception  <b>Chapter 27:</b> Sterilization  <b>Chapter 28:</b> Vulvovaginitis  <b>Chapter 34:</b> Gynecologic Procedures  <b>Chapter 48:</b> Uterine Fibroids</p>	<p><b>Case 6:</b> Postpartum Hemorrhage  <b>Case 7:</b> Serum Screening in Pregnancy  <b>Case 27:</b> Diabetes in Pregnancy  <b>Case 38:</b> Bacterial Vaginosis</p>	<p><b>27:</b> Postpartum Hemorrhage  <b>13:</b> Propartum care  <b>33:</b> Family Planning  <b>26:</b> Intrapartum Fetal Surveillance</p>
<b>Traditional Clerkship Week 2   LIC Week 6</b>		
<p><b>Chapter 19:</b> Ectopic, Abortion  <b>Chapter 29:</b> Sexually Transmitted Disease  <b>Chapter 30:</b> Pelvic Support Defects  <b>Chapter 33:</b> Disorders of Breast</p>	<p><b>Case 20:</b> Chlamydial Cervicitis and HIV in Pregnancy  <b>Case 26:</b> Breast Abscess and Mastitis  <b>Case 33:</b> Pelvic Organ Prolapse <b>Case 35:</b> Urinary Incontinence  <b>Case 42:</b> Threatened Abortion and Spontaneous Abortion  <b>Case 43:</b> Ectopic Pregnancy  <b>Case 45:</b> Abortion, Septic  <b>Case 48:</b> Breast, Abnormal Mamogram  <b>Case 47:</b> Dominant Breast Mass  <b>Case 46:</b> Fibroadenoma of the Breast</p>	<p><b>14:</b> Lactation  <b>15:</b> Ectopic Pregnancy  <b>16:</b> Spontaneous Abortion  <b>18:</b> Preeclampsia-Eclampsia  <b>36:</b> Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)  <b>37:</b> Pelvic Floor Disorders  <b>40:</b> Disorder of the Breast</p>



Obstetrics and Gynecology (Beckmann) Listed by chapter	Case Files Obstetrics and Gynecology (Toy) Listed by case	APGO Medical Student Educational Objectives Listed by topic
<b>Traditional Clerkship Week 3   LIC Week 9</b>		
<p><b>Chapter 13:</b> Multifetal Gestation  <b>Chapter 20:</b> Common Endocrine Disorders  <b>Chapter 21:</b> Gastrointestinal, Renal, and Surgical Complications  <b>Chapter 22:</b> Cardiovascular and Respiratory Disorders  <b>Chapter 23:</b> Hematologic and Immunologic Complications  <b>Chapter 24:</b> Infectious Disease  <b>Chapter 25:</b> Neurologic &amp; Psychiatric Disorders  <b>Chapter 31:</b> Endometriosis  <b>Chapter 32:</b> Dysmenorrhea, Chronic Pelvic Pain  <b>Chapter 37:</b> Reproductive Cycle  <b>Chapter 38:</b> Puberty  <b>Chapter 48:</b> PMS</p>	<p><b>Case 2:</b> Anemia in Pregnancy (Thalassemia Trait)  <b>Case 3:</b> Uterine Inversion  <b>Case 4:</b> Shoulder Dystocia  <b>Case 8:</b> Twin Gestation with Vasa Previa  <b>Case 9:</b> Herpes Simplex Virus Infection in Labor  <b>Case 16:</b> Preeclampsia with Severe Features  <b>Case 18:</b> Preterm Premature Rupture of Membrane (PPROM) and Intra-Amniotic Infection  <b>Case 19:</b> Parvovirus Infection in Pregnancy  <b>Case 24:</b> Necrotizing Fasciitis  <b>Case 25:</b> Postpartum Endomyometritis  <b>Case 30:</b> Perimenopause  <b>Case 39:</b> Syphilitic Chancre  <b>Case 40:</b> Urinary Tract Infection (Cystitis)  <b>Case 50:</b> Galactorrhea due to Hypothyroidism</p>	<p><b>20:</b> Multifetal Gestation  <b>28:</b> Postpartum Infection  <b>29:</b> Anxiety and Depression  <b>38:</b> Endometriosis  <b>39:</b> Chronic Pelvic Pain  <b>42:</b> Puberty  <b>45:</b> Normal and Abnormal Uterine Bleeding  <b>46:</b> Dysmenorrhea  <b>49:</b> Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)</p>
<b>Traditional Clerkship Week 4   LIC Week 12</b>		
<p><b>Chapter 14:</b> Fetal Growth  <b>Chapter 15:</b> Preterm Labor  <b>Chapter 16:</b> Third Trimester Bleeding  <b>Chapter 39:</b> Amenorrhea  <b>Chapter 40:</b> Hirsutism  <b>Chapter 41:</b> Menopause  <b>Chapter 42:</b> Infertility</p>	<p><b>Case 10:</b> Placenta Previa  <b>Case 11:</b> Placenta Abruptio  <b>Case 12:</b> Placenta Accreta  <b>Case 17:</b> Preterm Labor  <b>Case 41:</b> Uterine Leiomyomata  <b>Case 49:</b> Amenorrhea (Intrauterine Adhesions)  <b>Case 51:</b> Amenorrhea (Sheehan Syndrome)  <b>Case 55:</b> Amenorrhea (Primary), Mullerian Agenesis  <b>Case 52:</b> Polycystic Ovarian Syndrome  <b>Case 53:</b> Hirsutism, Sertoli-Leydig Cell Tumor</p>	<p><b>23:</b> Third Trimester Bleeding  <b>24:</b> Preterm Labor  <b>31:</b> Fetal Growth Abnormalities  <b>34:</b> Pregnancy Termination  <b>43:</b> Amenorrhea  <b>44:</b> Hirsutism and Virilization  <b>47:</b> Menopause  <b>48:</b> Infertility</p>
<b>Traditional Clerkship Week 5   LIC Week 15</b>		
<p><b>Chapter 17:</b> Premature Rupture Membranes  <b>Chapter 18:</b> Post Term Pregnancy</p>	<p><b>Case 57:</b> Post Menopausal Bleeding  <b>Case 58:</b> Cervical Cancer</p>	<p><b>24:</b> Preterm Labor  <b>30:</b> Postterm Pregnancy  <b>35:</b> Vulvar and Vaginal Disease</p>

<p><b>Chapter 43:</b> Premenstrual Syndrome  <b>Chapter 44:</b> Cell Biology, Cancer Therapy  <b>Chapter 45:</b> Gestational Trophoblastic Disease  <b>Chapter 46:</b> Vulvar, Vagina Disease  <b>Chapter 47:</b> Cervical Neoplasia, Cancer  <b>Chapter 49:</b> Leiomyomata &amp; Cancer of the Uterus  <b>Chapter 50:</b> Ovarian Adnexal Disease</p>	<p><b>Case 5:</b> Fetal Bradycardia – (Cord Prolapse)  <b>Case 60:</b> Lichen Sclerosis of Vulva  <b>Case 59:</b> Ovarian Cancer (Epithelial)  <b>Case 15:</b> Pulmonary Embolus in Pregnancy</p>	<p><b>50:</b> Gestational Trophoblastic Disease  <b>51:</b> Vulvar Neoplasms  <b>52:</b> Cervical Disease and Neoplasia  <b>54:</b> Endometrial Hyperplasia and Carcinoma  <b>55:</b> Ovarian Neoplasms</p>
<b>Traditional Clerkship Week 6   LIC Week 18</b>		
NBME Exam Prep and Review	<p>Other interesting cases:  <b>Case 13:</b> Adbominal Pain in Pregnancy (Ovarian Torsion)  <b>Case 14:</b> Pruritus (Cholestrasis) of Pregnancy  <b>Case 21:</b> Thyroid Storm in Pregnancy  <b>Case 22:</b> Intrauterin Growth Restriction  <b>Case 23:</b> Pyelonephritis, Unresponsive  <b>Case 31:</b> Sexual Assault  <b>Case 32:</b> Ureteral Injury after Hysterectomy  <b>Case:34:</b> Fascial Disruption  <b>Case 36:</b> Salpingitis, Acute  <b>Case 37:</b> Chronic Pelvic Pain  <b>Case 56:</b> Infertility, Peritoneal Factor</p>	Review

### **Recommended Mobile Resources**

- The Period App
- MenoPro App
- Sprout Pregnancy App
- PMS Tracker
- Infertility Survival Kit
- Yeast App (ISSVD)
- PTB Toolkit (Prevention of Preterm Birth Algorithms) Also includes what to do for PPROM
- Ovia Fertility (Ovulation calculator and period tracker)
- ACOG App (with a link to the pregnancy calculator)
- ASCCP (ultimate source for all things pap/hpv, but cost \$11)
- The PAP App (not quite as good as ASCCP APP, but it's free)
- PregWheel (but we prefer the Pregnancy Calculator APP on the ACOG App)
- WUSM APP OB GUIDE (Washington University School of Medicine OB Guide/The Washington Manual)
- The CDC Apps for Contraception, STI/STD Screening and Treatment, AND Opioid Guidelines
- Contraception (\$10/yr)

### **Modules**

[The APGO's uWise](#) is available online and is a supplemental student learning tool consisting of sample quizzes. These are not required and not part of the grade, **but it is highly recommended** that students complete these quizzes each week.

This question bank is be very beneficial in preparation for the end of clerkship NBME subject exam. Instructions available on Canvas.

### ***Institutional Resources***

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

## **Evaluation and Grading**

### ***Mid-Clerkship Feedback***

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering the expected patient conditions, efforts will be made to specifically select the needed patients needed to be seen. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of online modules or discussions with the Clerkship Director.

### ***Evaluation***

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

### ***Clerkship Specific Grading***

The standardized clerkship policy can be found on the [Office of Medical Education website](#).

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. 100 patient encounters, with 60% at the full level of participation in patient care (pass/fail)
4. Submission of all assignments: Reflection, Labor & Delivery Module, History & Physical (pass/fail)
5. Clinical performance must be exemplary to be considered for honors
6. NBME must be at 75<sup>th</sup> percentile or higher to be eligible for honors consideration and must be at the 10<sup>th</sup> percentile to pass the clerkship

## **Policies**

### ***Student Mistreatment Policy***

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and report the incident as soon as possible.

### ***College of Medicine Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation. Students must use the [absence request form](#) that is located on Student Academics.

### **Academic Honor Policy**

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy>).

### **Americans with Disabilities Act**

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center  
874 Traditions Way  
108 Student Services Building  
Florida State University  
Tallahassee, FL 32306-4167  
(850) 644-9566 (voice)  
(850) 644-8504 (TDD)  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)  
<http://www.disabilitycenter.fsu.edu/>

### **College of Medicine Student Disability Resources**

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

## **Competencies**

The following table outlines the **Obstetrics and Gynecology** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and [ACGME Core Entrustable Professional Activities \(EPAs\)](#). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Competency	Assessment					
Obstetrics and Gynecology	NBME	Observation by faculty	Observation by clerkship director	Oral presentation	Patient documentation	Project
Demonstrate routine inclusion of information about the patient's menstrual, obstetric, gynecologic, sexual and/or contraceptive histories when performing the medical history.		x	x	x		
Demonstrate routine inclusion of a pelvic exam and a standard breast exam when appropriate in the physical exam.		x				
Demonstrate best practice techniques when collecting gynecological specimens (e.g. pap smear, cervical cultures and vaginal specimen for vaginitis evaluation).		x	x			
Identify and implement age-appropriate preventive services.		x				
Utilize evidence-based screening tools to identify women at risk for depression, domestic violence, tobacco use, urinary incontinence and osteoporosis.		x			x	
Utilize evidence-based digital resources at the point of care to access clinical information.		x				
Demonstrate sound clinical reasoning by: 1) constructing organized and thorough patient presentations; 2) generating reasonable patient problem lists; 3) formulating appropriate differential diagnoses; and, 4) generating logical diagnostic and management plans.	x	x	x	x		
Demonstrate basic patient education skills when informing and educating patients about common health concerns.		x	x			
Demonstrate basic counseling skills when addressing the following issues with patients: 1) contraception choices; 2) lactation/breast feeding; 3) osteoporosis prevention; 4) preconception recommendations; 5) prevention of sexually transmitted infections; and, 6) smoking cessation.		x				
Demonstrate shared decision-making techniques when negotiating and communicating patient management plans.		x				
Demonstrate preconception care for every fertile patient, every visit.	x	x	x		x	
Demonstrate ability to perform routine prenatal care, including: 1) diagnosing of pregnancy; 2) discussing the rationale behind initial and subsequent laboratory assessment of the pregnant patient; 3) discussing the appropriate use of diagnostic ultrasonography during pregnancy; 4) identifying women at high risk throughout the pregnancy; 5) recognizing and offering assistance for the common concerns of the pregnant woman; and, 6) recognizing the common complications of pregnancy.	x	x	x		x	
Demonstrate ability to care of the woman in labor, including: 1) diagnosing labor; 2) diagnosing ruptured membranes; 3) determining cervical dilatation; 4) monitoring the progress of labor utilizing Friedman's curve; 5) interpreting basic patterns on a fetal monitoring strip; 6) assisting/performing at least 3 vaginal deliveries;	x	x	x		x	

7) assisting/performing at least 3 perineal repairs; and, 8) assisting/observing at least one operative delivery.						
Demonstrate ability to perform routine post-partum care, including: 1) encouraging successful breastfeeding and recognizing common breastfeeding problems; 2) recognizing the symptoms and signs of an uncomplicated post-partum course; 3) identifying common post-partum conditions/complications; and, 4) assisting the patient with choosing appropriate post-partum contraception.	x	x	x		x	x
Demonstrate ability to perform pre-operative and post-operative care, including: 1) demonstrating appropriate scrubbing and sterile technique; 2) demonstrating basic skills as an operative assistant; 3) performing surgical-associated procedures (dressing changes, suture/staple removal, catheter care, etc.); and,4) identify common post-operative complications in OB/GYN.	x	x	x		x	
Demonstrate ability to complete the initial evaluation, history and physical exam, and identify the appropriate diagnostic testing for a patient presenting with: 1) vaginal discharge; 2) abnormal PAP smear results; 3) abnormal uterine bleeding, including post-menopausal bleeding; and, 4) breast mass/abnormal mammogram.	x	x	x		x	
Demonstrate knowledge of the ethical conflicts that arise in the practice of obstetrics and gynecology.	x	x	x		x	
Demonstrate self-awareness of personal bias regarding ethical conflicts which may arise in the practice of obstetrics and gynecology, and ability to be both respectful and helpful to patients who hold different ethical beliefs.		x	x			
Demonstrate the capacity to self-reflect on clinical setting experiences.		x	x			
Demonstrate the ability to communicate and work effectively with other health professionals.		x	x			