



## BCC 7130 Obstetrics and Gynecology Clerkship 2018-2019

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# 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 information to patients and will work collaboratively with healthcare team members. Under the close supervision of experienced Clerkship Faculty, students are expected to assume increasing responsibility for providing ambulatory and in-patient patient care. Students are expected to fully participate in the prenatal, labor, delivery and post partum experiences of assigned patients. Students are also expected to participate in the surgical care of patients including the preoperative evaluation, operative care and postoperative care, and to participate in the performance of obstetrical and gynecologic procedures.

## **Orientation**

**Prior** to the first day of the Obstetrics and Gynecology clerkship students are **required** to read this syllabus in full in addition to reviewing 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 located on the Canvas site
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 and on the [Canvas site for Core Clerkships](#).

## **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. Students should track hours of clinical activity and report excessive hours to the Clerkship Director. **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty.**

**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 regional Clerkship Directors. Send any questions or concerns about the call schedule to the Clerkship Director.

***Student Workhour Policy***

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.

***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**.
- Students must submit completed assignments and reflection by their respective due dates to **Student Academics project documents**.
- Comments and feedback will be provided on Student Academics as well. 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.

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 practice examination Choose an NBME clinical science mastery series self-assessment (cost is \$20) or 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 feedback	Week 9 Upload raw score to Student Academics and submit to Clerkship Administrator and CD during feedback in week 12
5. Mini Oral exam	Week 5 or 6 Upload to Student Academics	Week 15 - 18

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

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

1. Observe a newborn assessment either by the pediatrician or nurse **and document in the OB packet**
  - a. You may need to stay after rounding with your attending and wait for the pediatrician to arrive.
  - b. The newborn assessment may take place at the bedside of the patient (Rooming In) or in the Newborn Nursery.
2. Is the baby breast or bottle feeding?
  - a. Any issues? How would you know if the baby was adequately feeding?
3. Document the milestones that the baby must meet before discharge.
  - a. 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.

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

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.

<b>OB/GYN Clerkship Specific Tracking Report   2018-19</b>	
Number of patient encounters:	<b>100</b> minimum
Location of Service:	<b>51% Outpatient minimum</b> (Goal is 70% outpatient and 30% inpatient)
Encounter Level of Participation:	<b>60% minimum Full: History, Physical, Assessment &amp; Plan</b> (Expected Minimal: History or Physical; <10%, Moderate: History and Physical <30% )
<b>Visit Type</b>	<b>Minimum</b>
Periodic Preventative Care	10
Prenatal Care (Outpatient)	10

<b>REQUIRED Procedures</b>			
Level of Participation: <b>PERFORMED</b>		Level of Participation: <b>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>	Level of Participation: <b>Observed</b>	
APGAR Score Determination	5	<b>Other OB/GYN Procedures</b>	<b>Minimum</b>
Coaching Second Stage Labor	5	Abnormal PAP Management	1
Vaginal Delivery	3	Ultrasound – OB or GYN	1
<b>Surgery</b>	<b>Minimum</b>		
Foley Placement	3		
IV Placement	1		
Wound Repair/Suturing	1		

**REQUIRED Screenings**

**REQUIRED Counseling**

Level of Participation: <b>PERFORMED</b>	
<b>OBGYN Screenings</b>	<b>Minimum</b>
Cervical Cancer Screening	5
Domestic Violence Screening	5
Incontinence Assessment	3
Osteoporosis Screening	3
Screening for Depression	5
Sexually Transmitted Infection Screening	5
Substance Abuse Screening, General	1
Tobacco Use Screen, Current User	5 total
Tobacco Use Screen, Former User	
Tobacco Use Screen, Never User	

Level of Participation: <b>PERFORMED</b>	
<b>Patient Education</b>	<b>Minimum</b>
Contraception Counseling	5
Lactation Counseling	5
Sexually Transmitted Infection Counseling/Prevention	5
Preconception Counseling	1 (either of these)
Folic Acid Supplementation for Women Who are Planning or Are Capable of Pregnancy	

<b>REQUIRED Problems</b>	
<b>OBGYN</b>	<b>Minimum</b>
Abnormal Pap Test	1
Health Maintenance	10
Labor	5
Menopause	5
Postpartum Care	10
Prenatal Care	10

<b>Other OB/GYN Procedures - NOT REQUIRED</b>
Colposcopy
Dilation & Curettage
Endometrial Ablation
IUD Insertion
KOH/wet prep
Mammogram (observed)
Tubal Ligation

### **Documentation of Workhours**

Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

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.

### **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 5<sup>th</sup> week of the clerkship. The students are asked give an oral presentation of a patient encounter 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.

### **Exam**

At the completion of the clerkship, students must take a web-based NBME Clinical Subject Exam in Obstetrics and Gynecology.

### **Readings**

Students are introduced to the core content of Obstetrics and Gynecology through readings in the required textbooks [Obstetrics and Gynecology for Medical Students](#) 7<sup>th</sup> edition by Beckmann, et al. Published April 2013. ISBN-10: 9781451144314 and [Case Files Obstetrics and Gynecology](#), 5<sup>th</sup> Edition, by Toy, et al. Published 2016. ISBN: 978-0-07-184872-5. Students will access both texts via the COM Charlotte Edwards Maguire Medical Library's [Obstetrics & Gynecology Subject Guide](#).

**Weekly Outline Table:** Reading assignments, organized by week, are outlined in the table below.

- 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 indepth review of topics; indepth understanding leads to greater retention.
- The [APGO Medical Student Education Objectives](#) videos are listed by topic number and hosted on YouTube.

<b>Obstetrics and Gynecology (Beckmann) Listed by chapter</b>	<b>Case Files Obstetrics and Gynecology (Toy) Listed by case</b>	<b>APGO Medical Student Educational Objectives Listed by topic</b>
<b>Orientation Prior to Start of Clerkship</b>		
<b>Chapter 1:</b> Women's Health Exam <b>Chapter 2:</b> Screening and Preventive Care	<b>Case 29:</b> Health Maintenance, Age 66 years <b>Case 44:</b> Contraception	<b>1:</b> History <b>3:</b> Pap Test and DNA Probes/Culture

<p>Chapter 3: Ethics</p> <p><b>Chapter 6:</b> Preconception and Antepartum Care</p> <p><b>Chapter 7:</b> Assessment Genetic Disorder</p> <p><b>Chapter 8:</b> Intrapartum Care</p> <p><b>Chapter 9:</b> Abnormal Labor</p> <p><b>Chapter 10:</b> Care Newborn</p> <p><b>Chapter 4:</b> Embryology, Anatomy</p> <p><b>Chapter 5:</b> Maternal-Fetal Physiology</p> <p><b>Chapter 35:</b> Human Sexuality</p> <p><b>Chapter 36:</b> Sexual Assault and Domestic Violence</p>	<p><b>Case 54:</b> Pubertal Delay, Gonadal Dysgenesis</p> <p><b>Case 1:</b> Labor (Latent Phase)</p> <p><b>Case 28:</b> Prenatal Care</p>	<p><b>7:</b> Preventative Care and Health Maintenance</p> <p><b>8:</b> Maternal-Fetal Physiology</p> <p><b>9:</b> Preconception Care</p> <p><b>10:</b> Antepartum Care</p> <p><b>11:</b> Intrapartum Care</p> <p><b>14:</b> Abnormal Labor</p>
<b>Week 1   LIC Week 3</b>		
<p><b>Chapter 11:</b> Post Partum Care</p> <p><b>Chapter 12:</b> Post Partum Hemorrhage</p> <p><b>Chapter 26:</b> Contraception</p> <p><b>Chapter 27:</b> Sterilization</p> <p><b>Chapter 28:</b> Vulvovaginitis</p> <p><b>Chapter 34:</b> Gynecologic Procedures</p> <p><b>Chapter 48:</b> Uterine Fibroids</p>	<p><b>Case 41:</b> Uterine Leiomyomata</p> <p><b>Case 38:</b> Bacterial Vaginosis</p> <p><b>Case 6:</b> Postpartum Hemorrhage</p> <p><b>Case 7:</b> Serum Screening in Pregnancy</p> <p><b>Case 27:</b> Diabetes in Pregnancy</p>	<p><b>27:</b> Postpartum Hemorrhage</p> <p><b>13:</b> Propartum care</p> <p><b>33:</b> Family Planning</p> <p><b>26:</b> Intrapartum Fetal Surveillance</p>
<b>Week 2   LIC Week 6</b>		
<p><b>Chapter 19:</b> Ectopic, Abortion</p> <p><b>Chapter 29:</b> Sexually Transmitted Disease</p> <p><b>Chapter 30:</b> Pelvic Support Defects</p> <p><b>Chapter 33:</b> Disorders of Breast</p>	<p><b>Case 35:</b> Urinary Incontinence</p> <p><b>Case 45:</b> Abortion, Septic</p> <p><b>Case 42:</b> Threatened Abortion and Spontaneous Abortion</p> <p><b>Case 43:</b> Ectopic Pregnancy</p> <p><b>Case 26:</b> Breast Abscess and Mastitis</p> <p><b>Case 20:</b> Chlamydial Cervicitis and HIV in Pregnancy</p> <p><b>Case 33:</b> Pelvic Organ Prolapse</p> <p><b>Case 48:</b> Breast, Abnormal Mamogram</p> <p><b>Case 47:</b> Dominant Breast Mass</p> <p><b>Case 46:</b> Fibroadenoma of the Breast</p>	<p><b>14:</b> Lactation</p> <p><b>15:</b> Ectopic Pregnancy</p> <p><b>16:</b> Spontaneous Abortion</p> <p><b>18:</b> Preeclampsia-Eclampsia</p> <p><b>36:</b> Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)</p> <p><b>37:</b> Pelvic Floor Disorders</p> <p><b>40:</b> Disorder of the Breast</p>
<b>Week 3   LIC Week 9</b>		
<p><b>Chapter 20:</b> Common Endocrine Disorders</p> <p><b>Chapter 21:</b> Gastrointestinal, Renal, and Surgical Complications</p> <p><b>Chapter 22:</b> Cardiovascular and Respiratory Disorders</p>	<p><b>Case 4:</b> Shoulder Dystocia</p> <p><b>Case 50:</b> Galactorrhea due to Hypothyroidism</p> <p><b>Case 16:</b> Preeclampsia with Severe Features</p>	<p><b>20:</b> Multifetal Gestation</p> <p><b>28:</b> Postpartum Infection</p> <p><b>29:</b> Anxiety and Depression</p> <p><b>38:</b> Endometriosis</p> <p><b>39:</b> Chronic Pelvic Pain</p> <p><b>42:</b> Puberty</p>

<p><b>Chapter 23:</b> Hematologic and Immunologic Complications  <b>Chapter 24:</b> Infectious Disease  <b>Chapter 25:</b> Neurologic &amp; Psychiatric Disorders  <b>Chapter 13:</b> Multifetal Gestation  <b>Chapter 31:</b> Endometriosis  <b>Chapter 32:</b> Dysmenorrhea, Chronic Pelvic Pain  <b>Chapter 37:</b> Reproductive Cycle  Chapter 38: Puberty  Chaper 48: PMS</p>	<p><b>Case 8:</b> Twin Gestation with Vasa Previa  <b>Case 30:</b> Perimenopause  <b>Case 2:</b> Anemia in Pregnancy (Thalassemia Trait)  <b>Case 3:</b> Uterine Inversion  <b>Case 9:</b> Herpes Simplex Virus Infection in Labor  <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 39:</b> Syphilitic Chancre  <b>Case 40:</b> Urinary Tract Infection (Cystitis)</p>	<p><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>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 49:</b> Amenorrhea (Intrauterine Adhesions)  <b>Case 51:</b> Amenorrhea (Sheehan Syndrome)  <b>Case 55:</b> Amenorrhea (Primary), Mullerian Agenesis  <b>Case 17:</b> Preterm Labor  <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>Week 5   LIC Week 15</b>		
<p><b>Chapter 17:</b> Premature Rupture Membranes  <b>Chapter 18:</b> Post Term Pregnancy  <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> Cancer Uterus</p>	<p><b>Case 57:</b> Post Menopausal Bleeding  <b>Case 58:</b> Cervical Cancer  <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>24:</b> Preterm Labor  <b>30:</b> Postterm Pregnancy  <b>35:</b> Vulvar and Vaginal Disease  <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>

Chapter 50: Ovarian Adnexal Disease		
<b>Week 6   LIC Week 18</b>		
NBME Exam Prep and Review	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	Review

### Learning Resources

[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 the these quizzes are completed each week. This question bank is be very beneficial in preparation for the end of clerkship NBME subject exam. Instructions available on Canvas.

### Recommended Mobile Resources

- The Period App
- MenoPro App
- Sprout Pregnancy App
- PMS Tracker
- Infertility Survival Kit
- PTB Toolkit (Prevention of Preterm Birth Algorithmns) 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

### 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.

### ***Evaluation***

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final, summary 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.

### ***College of Medicine Standard Clerkship Grading Policy***

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

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

1. If any remediation is required, the student is no longer eligible for "honors", and will be assigned an initial grade of "IR" 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 Clinical Subject examination in OB/GYN must be at 75th percentile or higher to be eligible for honors consideration and 10<sup>th</sup> percentile or higher to pass.

## Policies

### ***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 the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: <https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships>.

Clerkship Competency	Assessment						
<b><i>Obstetrics and Gynecology</i></b>	NBME/End of Clerkship Exam	Observation by Faculty	Observation by Clerkship Dir.	Online Module	Oral Presentation	Patient Documentation	Project/Written Assignment
<b>Demonstrate specific core clinical skills necessary to care for female patients:</b>							

The student routinely includes information about the patient's menstrual, obstetric, gynecologic, sexual and/or contraceptive histories when performing the medical history.		x	x		x		
The student routinely includes a pelvic exam and a standard breast exam when appropriate in the physical exam.		x					
The student demonstrates best practice techniques when collecting gynecological specimens (pap smear, cervical cultures and vaginal specimen for vaginitis evaluation).		x	x				
The student identifies and implements age-appropriate preventive services.		x					
The student utilizes evidence-based screening tools to identify women at risk for: depression, domestic violence, tobacco use, urinary incontinence and osteoporosis.		x				x	
The student uses evidence-based digital resources at the point of care to access clinical information.		x					
The student demonstrates sound clinical reasoning by: 1). constructing organized and thorough patient presentations; 2). generating reasonable patient problem lists; 3). formulating appropriate differential diagnoses; and, 4). Generating logical diagnostic and management plans.	x	x	x		x		
<b>Demonstrate core communications skills necessary to care for female patients:</b>							
The student will demonstrate basic patient education skills when informing and educating patients about common health concerns.		x	x				
The student will demonstrate basic counseling skills when addressing the following issues with patients: 1). contraception choices; 2). lactation/breast feeding; 3) osteoporosis prevention; 4) preconception recommendations; 5) prevention of sexually transmitted infections; and, smoking cessation.		x					

The student will demonstrate shared decision-making techniques when negotiating and communicating patient management plans.		x					
<b>Demonstrate core knowledge and basic skill in the delivery of Obstetrical and Gynecologic care:</b>							
Preconception care: Every fertile patient; every visit.	x	x	x			x	
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	
Care of the woman in labor, including: 1) diagnosing labor; 2) diagnosing ruptured membranes; 3) determining cervical dilatation; 4) monitoring the progress of labor utilizing Friedman's curve; 5) interpreting basic patterns on a fetal monitoring strip; 6) assisting/performing at least 3 vaginal deliveries; 7) assisting/performing at least 3 perineal repairs; and, 8) assisting/observing at least one operative delivery.	x	x	x			x	
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
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	
Ambulatory gynecologic care: Can complete the initial evaluation--history and physical exam--and identify the appropriate diagnostic testing for a patient presenting	x	x	x			x	

with: 1) vaginal discharge; 2) abnormal PAP smear results; 3) abnormal uterine bleeding, including post-menopausal bleeding; and, 4) breast mass/abnormal mammogram.							
<b>Demonstrate professionalism in the approach to common OB/GYN clinical conditions and to patients with those conditions:</b>							
The student demonstrates knowledge of the ethical conflicts that arise in the practice of obstetrics and gynecology.	x	x	x			x	
The student demonstrates self-awareness of personal bias re: the ethical conflicts that arise in the practice of obstetrics and gynecology, and is able to be both respectful and helpful to patients who hold different ethical beliefs.		x	x				
The student demonstrates the capacity to self-reflect on experiences they have in the clinical setting.		x	x				
The student demonstrates the ability to communicate and work effectively with other health professionals.		x	x				