



The Florida State University  
College of Medicine

**BCC 7130**

**Obstetrics & Gynecology  
Clerkship**

**2010-2011**

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## Instructors

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### ***Education Director***

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### ***Clerkship Directors***

Campus	Director
Fort Pierce	Dr. Juliette Lomax-Homier
Daytona	Dr. Pamela Carbiener
Orlando	Dr. Kristin M Jackson
Pensacola	Dr. Suzanne Y Bush
Sarasota	Dr. Washington C Hill
Tallahassee	Dr. David O'Bryan
Marianna Site	Dr. Stephen Spence

## Course Overview

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### **Description**

The Obstetrics and Gynecology Clerkship is a six-week, community-based clerkship where Board Certified OBGYN clinical faculty supervise students individually for at least 4 clinical days per week. Students work in ambulatory, inpatient and surgical settings that encompass the breadth of general Obstetric and Gynecologic care. At the same time, students are introduced to core content that defines the practice of Women's Health, Obstetrics and Gynecology. Through a variety of educational methods, comparable learning experiences and outcomes are achieved across diverse and geographically distant learning sites.

The OBGYN clerkship is most often the final opportunity for medical students to participate in the delivery of concentrated gender-specific care to women. It is not the purpose of the rotation to prepare students for an OBGYN residency, but rather to assure that graduates will be competent to initiate a level of care for women that routinely addresses their gender-specific needs. Consequently, the clerkship curriculum is competency based using practice expectations for a new intern pursuing a primary care residency as the endpoint.

Under the close supervision of experienced faculty, students are expected to assume increasing responsibility in basic gynecologic and obstetric ambulatory care. Students are exposed to preoperative evaluation, the operating room, and postoperative care. Students are expected to fully participate in the prenatal, labor, delivery and post partum experiences of their assigned patients. Skills in developing a differential diagnosis are evaluated through a standard assignment. Screening for risk and communicating appropriate health information to patients and healthcare team members is stressed. Students take call. Students maintain electronic portfolios containing core clerkship assignments. Goal-setting and self-reflection are integral components of the e-portfolio. This includes a mid-rotation reflection assignment designed to facilitate feedback and professional growth.

Students participate in an integrated 12 week Pediatric-Obstetric lactation curriculum. Students receive weekly teaching, evaluation and feedback from the clerkship director. Through a series of core clerkship discussions, both counseling and presentation skills are developed. The required self study program combines assignments in a case-based format with readings and other activities that emphasize active engagement with the core content.

Students document and analyze their clinical experiences via the CDCS system. The OBGYN Blackboard site contains essential information and serves as a syllabus extension. Specific curricular themes are outlined in the attached set of competencies, themes and objectives at the end of this syllabus. All assignments are outlined in the Blackboard syllabus extension.

## **Clerkship Goal**

The **OBGYN clerkship** will prepare medical students to deliver basic preventive care for women in a compassionate and insightful manner that displays sensitivity to the impact of clinical practices on the experience of female-patients in settings where gender-specific referrals occur.

Success in achieving this goal will be evaluated on the basis of two factors: each student achieving the clerkship competencies and the breadth of clinical experience that students accrue while on the clerkship as documented in the CDCS.

## **Course Components**

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### **Assignments/Responsibilities**

Assignments are listed in detail in the Blackboard Syllabus Extension under the ePortfolio Tab. *A complete explanation of all course content is available on the Course Syllabus Extension on Blackboard. Students can not be successful in the OBGYN Clerkship without using the Blackboard Course. Students are responsible for all information on the Blackboard course.*

### **Self-Study**

The required Self-study program is comprised of readings, videos, cases and completion of the uWise study site questions. Students are bound by the honor code to meet these requirements. Use of non-academic study guides is specifically discouraged.

### **ePortfolio Assignments (Core Clerkship Activities)**

Successful and timely completion of all required Core Clerkship Activities is necessary to pass the course. Explained in detail on Blackboard, representative assignments include reflections, obstetric experience documentation, a differential diagnosis activity, specific small group activities that occur across all clerkship sites. Successful completion and documentation of the assigned components of the joint Pediatrics/Obstetrics longitudinal lactation curriculum is required to pass the course. Daily accurate CDCS documentation is expected and will guide students in completion of the expected procedures related to the rotation. The complete list of assignments and instructions is found on the Blackboard (Syllabus Extension)

### **OBGYN Policy Regarding Late Assignments**

Assignment due dates are clearly delineated on a rotation specific calendar and in the syllabus extension (Blackboard). In the case of extenuating circumstances, extensions may be granted on a case by case basis with prior notification by e-mail to the Education Director. Students who

notify the Education Director after a deadline has been missed will not be granted a deadline extension.

- All clerkship assignments are due no later than 5 p.m. on the day of the Shelf Exam.
- CDCS documentation is considered a daily assignment subject to random verification at any time. All CDCS data must be complete and accurate no later than 5 p.m. on the day of the Shelf Exam.
- Students who do not comply with these end of rotation deadlines risk failing the rotation.
- Students who exhibit a pattern of failure to meet deadlines are at risk for failing the clerkship.

**Failure to complete assignments** and/or CDCS documentation in a timely manner will be specifically described in the final grade summary. Students qualifying for a grade at the Honors level on the OBGYN Rotation must meet all assignment deadlines. In the rare instances where there is an extenuating circumstance, honors students will have requested, justified and received all necessary extensions **in advance of the deadlines.**

### ***Counseling, Clinical Presentations, and Key Concepts***

Key concepts are arranged in clinical presentations that are common in female gender specific care. Students are encouraged to focus their attention to these presentation categories. Common themes that impact on the delivery of care to women as well as outcomes are addressed. Counseling is used as a primary means of practicing and demonstrating clinical knowledge while enhancing the student's communication skills. Students should become increasingly comfortable counseling patients about basic women's health presentations as the rotation progresses. Preventive care, risk assessment (screening) in women, ethics and professionalism are elements of all Clinical Presentations.

1. Abnormal Pap Smear
2. Obstetric Emergencies
3. Care before, during and after Pregnancy
4. Breast Concerns
5. Complaints of pelvic pain
6. Common Obstetric Problems
7. Family planning
8. Climacteric including sexual concerns
9. Menstrual cycle irregularities
10. Urinary Incontinence
11. Reproductive difficulties: including Abnormal bleeding in early pregnancy and Sexually Transmitted Infections

## 12. Benign gynecologic conditions

### Special issues

The following issues are fundamental to the best care for women. All students completing the OBGYN rotation should be comfortable in

- Preconception assessment (Every Woman, Every Time)
- Post Menopausal Bleeding
- Breast Abnormalities
- Ectopic Pregnancy
- Lactation

### CDCS Documentation

#### Deliberative Practice and Core Procedure Expectations

	Standard Expectation
<b>Patient encounters</b>	
Total number	120-140
Minimal	<10%
Moderate	<20%
Complete	>70%
<b>Ambulatory Care at performed level</b>	
Preventive Care Visit, female	40
Breast Exam by Standard Clinical Breast Exam Method (SCBE)	20 *
Pelvic Exam ( not cervical check)	20
Collection of Genital Culture	20
Pap smear	20
KOH and Wet Prep	10
<b>Screening at performed level</b>	
Depression Screening	20
Domestic Violence Screening	20
Substance Abuse Screening	20
Genetic Screening	20
Tobacco Use	20
Pain	20
Incontinence Assessment	20
Breast Cancer Genetic Risk Assessment	20
Osteoporosis Risk Assessment	20

Medication Review	20
<b>Counseling/Patient Education at performed level</b>	
Contraception	6*
Lactation	6*
Non-directed Counseling	6*
Osteoporosis Prevention	6*
Preconception	6*
Risky Sexual Behavior	6*
Smoking Cessation	6*
Patient Education, additional not otherwise listed	20
Follow-up/Referral	6
<b>Normal Obstetrics at performed level</b>	
APGAR	1
Pushing ( second stage labor)	5
SVD	1**
<b>SURGERY related procedures at performed level</b>	
Catheterization ( female urethral)	10
IV insertion	5
Rectal Exam	10
Venipuncture	5
Wound Repair ( suturing)	5
<b>SURGERY related procedures at observed level</b>	
<i>C-section</i>	1
<i>Intubation Procedure</i>	6
<i>Spinal ( Epidural)</i>	6
<b>Other procedures at observed level</b>	
<i>Abnormal Pap Smear Counseling</i>	1
<i>Genetic Counseling</i>	1
<i>Mammogram/Breast Imaging</i>	1
<i>Management Abnormal PAP : Colposcopy, LEEP, Cryosurgery, management plan without procedure</i>	1
<i>Ultrasound</i>	1
* includes simulation at levels described on Blackboard	
** Cannot complete rotation without performing	



- Standard expectations are required at the “performed” level in CDCS unless in italics.
- Counseling is a specific skill with specific expectations that differentiate it from routine patient educations which is also expected. For this skill the student must identify the topic, provide a specific patient education material, and solicit patient questions which will be answered in consultation with faculty member.

## **OBGYN Clerkship Policies**

### **OBGYN Work Hour Policy**

#### **Overview**

Clinical hours are subject to the same work hour restrictions as residents. The clinical week is limited to 80 hours. When possible, 65 hours of clinical time will allow students quality time to complete core clerkship assignments. Study time for the Shelf Examination is not included in the work hours. Student hours on the OBGYN rotation are typically distributed as follows

Clinical days	=	48 hours (includes 8 hours on Wednesday)
Short call	=	8
Weekend call	=	<u>24</u>
<b>Total</b>		<b>80</b>

#### **Student Work Hours**

- A student is not required to take more than 8 in-hospital overnight calls during the 6 week rotation
- Students will track their work hours and report excess hours to the Clerkship Director.
- 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. Call should never be a reason why ambulatory experience is deficient.
  - If overnight call is limited to Friday and Saturday in busy obstetric practices, students should 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**

Definitions:

**On call:** available if called in by preceptor or in hospital sleeping or otherwise not actively involved in patient care.

**Actively engaged in call:** in hospital period where direct patient contact occurs. Prolonged time at nursing station, studying or in doctors’ lounge does not meet the standard for this category. For this reason, students are expected to maximize their call time by staying primarily at the patient’s bedside.

**Short Call:** In busy practices where students are active the entire night, the Clerkship Director may institute a short call schedule on weeknights to prevent students from missing daytime clinical care. Short call usually ends at 10 p.m. unless directed otherwise by the Clerkship Director.

Students are actively engaged in call overnight one or more times during the rotation. The call schedule must include 24 hour weekend call on at least 2 separate weekends. An average of 16 “actively engaged call” hours is performed during each of the first 5 weeks of the rotation. Time spent sleeping, studying or not at the patient bedside is not included in this total. When on night call students must spend time with the patient and labor nurse as opposed to sitting at the nursing station or doctor’s lounge. At times, the Clerkship Director may direct students to take short call.

The exact number of nights required to accomplish the goals of the rotation will depend on the nature of 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 all cases, students will be “on call” as opposed to “actively engaged on call” for no more than 24 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 the final call schedule. In all cases, the clerkship director will approve and maintain a rotational call schedule for each student. Students may suggest a preferred call schedule that meets the requirements stated above.
- The 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 submitted to the Regional Clerkship Coordinator who will e-mail the schedule to the Clerkship Director and the Education Director no later than the 7<sup>th</sup> day of the rotation.
- All students must take at least one Friday night call, and two weekend (Saturday or Sunday) calls.

## OBGYN Mid-Rotation Feedback Policy

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**PURPOSE:**

- To standardize the mid-rotation feedback process for students on the OBGYN rotation.
- To assure students timely feedback
- To provide time to allow students to define a plan to meet or exceed expectations.

WHEN	WHO	WHAT
First Sunday	Student	E-mail Rotation Goals to CD and ED
First Thursday	CD	Review student goals
Second week	Student	Make appointment for MRF meeting with faculty preceptor
Third week	Student	Accurately complete CDCS grid and seriously reflect. Accurately complete MRF <u>form prior</u> to appointment
Third Week NLT Friday	Faculty (15-30 minutes)	Meet with student and have a discussion that reviews their self-assessment in the mid-rotation feedback reflection. Focus on what they need to meet both your expectations and the clerkship procedural expectations. Once this discussion is completed, review current level of clinical performance based on end of rotation forms. Sign MRF reflection form.
Third Week	Student	To receive credit, the MRF form must include <u>all</u> of the following: <ol style="list-style-type: none"> <li>1. initial goals</li> <li>2. correct CDCS data</li> <li>3. at least one new goal based on relating the OBGYN experience to personal or future practice interests</li> <li>4. specific goals to address CDCS deficiencies</li> <li>5. at least one paragraph discussing faculty feedback</li> <li>6. attending signature</li> <li>7. student signature</li> <li>8. CD signature and assessment</li> </ol>
3 week	CD	Review CDCS data for student prior to meeting with student individually.
Fourth Week	Student	Post and email preliminary (unsigned by CD) MRF reflection to ED and CD by Sunday at 11:59 pm
No later than Wednesday of the Fourth Week	CD (15- 30 minutes)	Meet with student and review MRF form <u>after student meets with faculty.</u> <ol style="list-style-type: none"> <li>1. Review form for completeness</li> <li>2. Review CDCS statistics,</li> <li>3. Identify clinical concerns</li> <li>4. Identify knowledge based concerns</li> <li>5. Assure student has reviewed clinical eval form with preceptor as well</li> <li>6. Fill in the below, meets or exceeds expectations block as appropriate</li> </ol> For any student identified as below expectations: <ol style="list-style-type: none"> <li>1. Develop specific written strategies and expectations.</li> <li>2. Schedule 1 week follow-up</li> <li>3. Contact ED of such students ASAP.</li> <li>4. Send written concerns and strategies to ED ASAP</li> <li>5. Notify Campus Dean as per campus protocol</li> </ol>
	Student	Upload completed (signed) MRF form to ePortfolio and email to ED after meeting with CD NLT 24 hours after CD feedback but no later than 11:59 pm Wednesday of 4th week.

## **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 must 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.

## ***Policy on Caring For Patients When OBGYN Procedures Are Involved***

Labor, delivery and surgery do not exist as isolated events in the lives of patients. Students on the OBGYN rotation are expected to respect the life altering impact of these procedures on unique individuals by adhering to the following policies.

### **Labor and delivery**

Student involvement in labor and delivery is primarily to gain an understanding of what the patient, her support people and her nurses do during the process of birthing a baby. The L&D Nurses provide expert guidance in these matters. Students should use this opportunity to understand the findings on electronic fetal monitoring as it relates to each patient's labor. Students should be respectfully assertive by first requesting to assist and eventually perform venipunctures, start IV's and perform Foley Catheter/red rubber catheterizations. Students should be present and observe epidural placement of each patient followed. Students are expected to write a delivery note for each delivery in which they scrub (even if the note is not placed on the chart). The notes will be shared with the faculty for feedback. Students are required to round each day of a patient's postpartum hospital stay if they participate in her delivery. Students are expected to participate with the nursing staff in the initial care of the Newborn and perform APGAR scoring of 2 infants who do not require pediatric intervention.

When a patient is laboring, students are expected to remain in the hospital fully participating in their care. It is expected that students will spend a large percentage of the patient's active labor between 5 centimeters and complete dilation through the second stage of labor working directly with the L&D nurse caring for the patient. Dropping in for delivery without close contact during labor is strongly discouraged.

Students are expected to remain in the room at all times during the second stage of labor of patients whose deliveries they plan to attend. Except for precipitous deliveries, it is inappropriate for students to present themselves at deliveries for only for crowning and 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 library version of TeLinde's Gynecology. In some cases

short videos of these procedures are available through Blackboard. Students are expected to have knowledge of the patient's record and preoperative studies should be reviewed. (Faculty expect this level of preparation and notice when students do not meet this expectation) Students are expected to present to the OR early for each case they will scrub on. Often the attending physician may not present as early as other members of the operative team. However, student team member's presence is required as soon as the patient enters the OR to be assessed by anesthesia. Sometimes students can help wheel the patient back to the OR. Students learn aspects of perioperative team function by assisting with patient placement and prepping. As a result, opportunities to prep the patient, place the Foley catheter, start IV's and observe or assist in anesthesia procedures increase. For each surgical procedure scrubbed on, students will write an operative note (even if the note is not placed on the chart) that will be shared with the attending physician for feedback.

# Competencies-Objectives-Assessment

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The three Clerkship Competencies and their supporting objectives are aligned with the FSUCOM Institutional Competencies and domains. Each measurable objective delineates specific a requirement necessary to support proof of competence. The objectives and the assessment strategies are provided in the appendix at the end of the syllabus.

## **Competency 1**

### **Achieve Core Skill Sets: Gender Specific and General**

Emphasis is placed on core female gender-specific skills and knowledge that all physicians would be well served to have in a professional practice armamentarium. The core clinical skills of pelvic examination, the Standard Clinical Breast Examination, best practices for genital specimen retrieval and counseling are reinforced in the clinical setting.

*Assessment:* Deliberative practice  
Clinical Assessment  
Standardized Skills testing: gender specific skills only

## **Competency 2:**

### **Incorporate Routine Screening, Risk Assessment and Referral into the routine gender-specific care of women**

*Assessment:* Deliberative Practice  
Clinical Assessment

## **Competency 3:**

### **Access, utilize, communicate and reflect on the core gender-specific content associated with what has historically been in the domain of OBGYN practice**

*Assessment:* Deliberative practice  
Clinical Assessment  
Standardized Skills Test  
Core Clerkship Activities, Reflections and Discussions



Differential Diagnosis Packet  
OB Packet  
NBME Exam  
Clerkship Director's Evaluation

By definition, the competencies considered essential to the enlightened care of women contain two elements:

- 1) A willingness to perform
- 2) Demonstration of specific skills and knowledge.

Achieving both elements is required to successfully complete the OBGYN Clerkship. Willingness to perform is demonstrated through deliberative practice as documented in CDCS and corroborated through the clinical evaluation. Demonstration of specific skills and knowledge will be documented in the specific performance modalities associated with the objective. These competencies will be assessed at the advanced beginner level. Students performing at this level typically use guidelines for action based on attributes or aspects, have limited situational perception and may treat all attributes and aspects separately and of equal importance. Some students will exceed this threshold. The clerkship is designed to recognize and accommodate their needs.

## Policies

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### ***Americans with Disabilities Act***

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.

#### [The Office of Student Counseling Services](#)

Medical Science Research Building  
G146

Phone: (850) 645-8256 Fax: (850) 645-9452

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

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

<http://www.fsu.edu/~staffair/dean/StudentDisability>

### ***Academic Honor Code***

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. (Florida State University Academic Honor Policy, found at <http://www.fsu.edu/~dof/honorpolicy.htm>.)

### ***Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course

schedules. See pages 27-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

### **Attendance Policy for OBGYN Clerkship**

If the student requests an absence in advance, the “Advance Request for Absence from Educational Activity (ies)” form should be completed, signed by the student and given to the Regional Campus Dean. Requests for excused absences from a required clerkship should be rare and made only in situations that cannot be rescheduled to occur during a scheduled time off or during an elective. An excused absence from a required clerkship may be allowed when it is determined by the Regional Campus Dean that the student has no alternative.

The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director, will make the final decision regarding the student’s request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student’s grade shall rest with the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs at the regional campus.

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

### ***Library Policy***

The [COM 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 “Course Pages” 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.

## Required Materials

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Case Files: Obstetrics and Gynecology second edition, Toy and Gilstrap 2006. **ISBN-10:** 0071463011.  
(May substitute 3<sup>rd</sup> Edition, **ISBN-10:** 0071605800)

Obstetrics and Gynecology for Medical Students (6th edition only) by Beckmann, et al. Published April 2009. **ISBN-10:** 0781788072

Additional required reading assignments are linked on Blackboard through library subscriptions

*Other Materials:*

**Blackboard Course BC 7130 is the syllabus extension containing:**

- Orientation materials
- Faculty Contact information
- Course Goals and Objectives
- All assignments and rotational calendars
- CDCS Documentation Expectations
- Self-study program
  - Topic based collections: readings, case assignments and uWise
- links to required readings not found in required texts
- links to required videos
- Core clerkship assignments
- Explanation and rubrics for of end of rotation skills testing
  - Lactation curriculum links
  - *ePortfolio*
  - uWise study guide link and password
- Featured Database for 2010-2011: Dynamed

## Suggested Materials

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*Resources, web-based, and other types of help.*

[ACOG Patient Education Brochures](#)

[ACOG Student Membership](#)

[APGO Student Web site](#)

[OBGYN Clerkship Web site](#)

## Grading

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Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the [FSUCOM Student Handbook](#) -page 31.