



The Florida State University  
College of Medicine

# Obstetrics & Gynecology Clerkship

**BCC 7130**

**2015-2016**

9/30/15 - Revised for Project  
Documents upload to Student  
Academics

12/21/15 – Revised for CoM  
Library Subject Guides

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# Instructors

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## ***Education Director***

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## ***Clerkship Directors***

<b>Campus</b>	<b>Director</b>
Fort Pierce	Dr. Heidi McNaney-Flint
Daytona	Dr. Pamela Carbiener
Orlando	Dr. Kristin M. Jackson
Pensacola	Dr. Suzanne Y. Bush
Sarasota	Dr. Jon Yenari
Tallahassee	Dr. David O'Bryan
Marianna LIC	Dr. Steven Spence

## Course Overview

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### ***Description***

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.

### ***Format***

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.

Clerkship Faculty provide regular and continuous feedback to the student about his/her clinical performance. Additionally, the Clerkship Faculty complete a mid-clerkship evaluation for each student and a terminal, end-of-clerkship evaluation of the student's clinical performance and professionalism.

## Course Components

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### ***Documentation Expectations***

Students document all clinical encounters and procedures via the COM clinical documentation system. Data entered into the COM documentation system are reviewed and analyzed weekly by the Clerkship Directors and the Education Director. These data confirm that the student has encountered the expected numbers and types of patients, and has performed the expected clinical activities and procedures. These data also confirm the comparability of student experiences from campus to campus and from site to site.

The grid below details **minimum** numbers of patient encounters, level of performance, types of ambulatory visits, office procedures, screenings, counseling/education activities, obstetrical procedures and surgical procedures students are expected to complete and document during the OB/GYN Clerkship.

## OB/GYN Clerkship Specific Tracking Report

<b>Total Patient Encounters - Minimum 100 REQUIRED</b>	0
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Encounter Level of Care	Percentage
Minimal Level - Minimum Expected <10% [Min. Pt. contact]	0%
Moderate Level - Minimum Expected <30% [Hx and/or PE]	0%
Complete Level - <b>Minimum 60% REQUIRED</b> [Hx, PE (DDx and/or Tx)]	0%

Type of Visits	Required	Count	Percentage
Periodic Preventative Care	10	0	0%
Prenatal Care	10	0	0%

Ambulatory Care - <b>PERFORMED</b>	Required	Observed	Assisted	Performed	Total
Fetal well-being assessment	10	0	0	0	0
Breast Exam SCBE	10 total <i>of any</i>	0	0	0	0
Breast Exam, Diagnostic		0	0	0	0
Breast Exam, Screening		0	0	0	0
Pelvic Exam	10	0	0	0	0
Culture	5	0	0	0	0
Screening for Cervical Cancer, Pap Test	10	0	0	0	0
KOH/wet prep	5	0	0	0	0

Screenings - <b>PERFORMED</b>	Required	Observed	Assisted	Performed	Total
Screening for Depression	5 total <i>of either</i>	0	0	0	0
Depression Screening Tool		0	0	0	0
Screening for Domestic Violence	5	0	0	0	0
Screening for Tobacco Use	2	0	0	0	0
Tobacco Cessation Counseling	5	0	0	0	0
Screening for Substance Abuse	1	0	0	0	0
Incontinence Assessment	5	0	0	0	0
Osteoporosis Risk Assessment	4	0	0	0	0

Counseling/Pt Edu - <b>PERFORMED</b>	Required	Observed	Assisted	Performed	Total
Contraception Counseling	5	0	0	0	0
Lactation Counseling	5	0	0	0	0
Preconception Counseling	1 total <i>of either</i>	0	0	0	0
Screening for Women of Child-bearing Age for Folic Acid Supplementation		0	0	0	0
Screening for Sexually Transmitted Infection	5	0	0	0	0

Normal Obstetrics - <b>PERFORMED</b>	Required	Observed	Assisted	Performed	Total
APGAR Score Determination	5	0	0	0	0
Coaching Second Stage Labor	5	0	0	0	0
Vaginal Delivery	5	0	0	0	0

<b>Surgery - PERFORMED</b>	<b>Required</b>	<b>Observed</b>	<b>Assisted</b>	<b>Performed</b>	<b>Total</b>
Foley Placement	3	0	0	0	0
IV placement	1	0	0	0	0
Wound Repair/Suturing	1	0	0	0	0

<b>Surgery - OBSERVED or ASSISTED</b>	<b>Required</b>	<b>Observed</b>	<b>Assisted</b>	<b>Performed</b>	<b>Total</b>
C-Section	1	0	0	0	0
Intubation	1	0	0	0	0
Epidural anesthesia/Spinal	1	0	0	0	0
Major Surgical Procedure	2	0	0	0	0
Minor Surgical Procedure	2	0	0	0	0
Laparoscopic Surgery	2	0	0	0	0

<b>Other - OBSERVED</b>	<b>Required</b>	<b>Observed</b>	<b>Assisted</b>	<b>Performed</b>	<b>Total</b>
Genetic Screening	1	0	0	0	0
Abnormal PAP Management	1 total <i>of any</i>	0	0	0	0
Cryosurgery		0	0	0	0
Abnormal PAP Smear Counseling		0	0	0	0
Ultrasound	1	0	0	0	0

<b>Required OB/GYN Problems</b>	<b>Required</b>	<b>Count</b>
Health maintenance	10	0
Labor	5	0
Menopause	5	0
Pap Smear, abnormal	1	0
Postpartum care	10	0
Prenatal care	10	0
Sexual Activity, Risky	5	0
Patient education plan	5	0

<b>Other OB/GYN Problems - NONE REQUIRED</b>	<b>Count</b>
Colposcopy with/without biopsy	0
D&C	0
IUD insertion	0
Mammogram	0
Tubal Ligation	0
Endometrial ablation	0

## ***Hospital Care of the Newborn***

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 e\*Value.**
  - 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.
4. If the newborn assessed is not discharged with the mother, what was the reason?

## ***Work Expectations***

Medical students are subject to the same ACGME work hour restrictions as residents: clinical activity is limited to 80 hours/week.

"Clinical activity" includes the following:

- 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;
- 5) Meetings with the Clerkship Director; and,
- 6) Time spent in Doctoring 3/Longitudinal.

Students should track hours of clinical activity and report excessive hours to the Clerkship Director.

**In addition to the limit of 80 hours/week of medical student clinical activity, students are not to work more than 30 continuous hours without having time off to rest/sleep. Additionally, on one out of every 7 days the student must be completely off. The 80 hours/week is clinical activity and does not include your study time.**

## ***Call Expectations***

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.

**The call schedule must include at least one Friday night call and two weekend (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.

The Clerkship Director should work with 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.

## **Core Content**

Students are introduced to the core content of Obstetrics and Gynecology through readings in the required textbook (Beckmann), review of other available educational resources and weekly meetings and discussions with the Clerkship Director. At the end of the clerkship, the Clerkship Director documents student participation in these meetings and discussions via the Clerkship Director’s Narrative.

## **Required Textbooks**

Obstetrics and Gynecology for Medical Students (7th edition) by Beckmann, et al. Published April 2013. ISBN-10: 9781451144314

Case Files Obstetrics and Gynecology, Fourth Edition, by Toy, et al. Published 2013. ISBN: 978-0-07-176171-0

uWise (available online via APGO, see Bb for access information): This is a supplemental student learning tool consisting of sample quizzes. These are not required and not part of your grade, **but it is highly recommended** that you take these quizzes each week. These will be very beneficial in preparation for your SHELF exam. Please refer to Blackboard for instructions.

## **Reading Assignments**

Reading assignments, organized by week, are outlined below. Students should spend time in review and preparation for the NBME subject exam in OB/GYN. Case Files and uWise are great tools for surface learning, but the textbook gives an indepth review of topics. Indepth understanding leads to greater retention.

	<b>Chapters in Beckmann</b>	<b>Case Files</b>	<b>uWise</b>
Orientation prior to rotation	<b>Chapter 1:</b> Women’s Health Exam <b>Chapter 2:</b> Screening and Preventive Care <b>Chapter 3:</b> Ethics <b>Chapter 6:</b> Preconception/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 <b>Chapter 4:</b> Embryology, Anatomy <b>Chapter 5:</b> Maternal-Fetal Physiology <b>Chapter 35:</b> Human Sexuality <b>Chapter 36:</b> Sexual Assault and Domestic Violence	<b>Case 29:</b> Health Maintenance <b>Case 44:</b> Contraception <b>Case 54:</b> Delayed Puberty <b>Case 1:</b> Labor <b>Case 28:</b> Prenatal Care	



Week 1 or LIC Cycle 1	<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	<b>Case 40:</b> Uterine Leiomyomata <b>Case 37:</b> Bacterial Vaginosis <b>Case 6:</b> Post Partum Hemorrhage <b>Case 7:</b> Serum Screening in Pregnancy  <b>Case 27:</b> Diabetes in Pregnancy	<b>Units 1, 2A, 6, 7</b>
Week 2 or LIC Cycle 2	<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	<b>Case 34:</b> Urinary Incontinence <b>Case 41, 42, 45:</b> Abortion <b>Case 43:</b> Ectopic <b>Case 26:</b> Breast Mastitis and Abscess <b>Case 36, 35, 20:</b> Chlamydial Cervicitis HIV Pregnancy <b>Case 32, 33:</b> Pelvic Organ Prolapse  <b>Case 46, 47, 48:</b> Breast	<b>Units 2B, 2C, 3A</b>
Week 3 or LIC Cycle 3	<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 & 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 <b>Chapter 38:</b> Puberty	<b>Case 4:</b> Shoulder Dystocia <b>Case 50:</b> Galactorrhea/Hypothyroidism <b>Case 16:</b> Preeclampsia/Hepatic Rupture <b>Case 8:</b> Twin Gestation <b>Case 30:</b> Perimenopause <b>Cases 2, 9, 3, 18, 19, 24, 25, 38, &amp; 39:</b> Infections	<b>Units 2C, 3B</b>
Week 4 or LIC Cycle 4	<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	<b>Case 10:</b> Placenta Previa <b>Case 11:</b> Placenta Abruption <b>Case 12:</b> Placenta Accreta <b>Case 51, 55, 49:</b> Amenorrhea <b>Case 17:</b> Preterm Labor <b>Case 52, 53:</b> P.C.O.S Hirsutism	<b>Unit 4</b>
Week 5 or LIC Cycle 5	<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 <b>Chapter 50:</b> Ovarian Adnexal Disease	<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 Vulva <b>Case 59:</b> Ovarian Tumor <b>Case 15:</b> Pulmonary Embolus in Pregnancy	<b>Unit 5</b>
Week 6 or LIC Cycle 6	Shelf Test Prep & Review	<b>Other interesting cases:</b> 2, 3, 13, 14, 21, 31, 56	Review

## Assignments

<b>Students also confirm competency in core content topics by completing all required assignments.</b>	<b>6 week rotation at regional campuses</b>	<b>LIC in Marianna</b>
1. Reflection on First Delivery	Week 3 (or Week 5 for those who begin in Gynecology only)	At the 3 <sup>rd</sup> Evaluation Cycle -- End of Fall semester
2. History & Physical Taking Project	Week 3	At the 3 <sup>rd</sup> Evaluation Cycle -- End of Fall semester
3. Labor and Delivery Project	Week 5	At the 5 <sup>th</sup> Evaluation Cycle
4. NBME practice quiz. <u>Please turn in your raw score to your Clerkship Director in week 4</u>	End of Week 3	

Further details and forms/questionnaires necessary to complete the required assignments are located on the **OB/GYN Clerkship Blackboard site**. Students must turn in completed assignments and reflection by their due date to the Clerkship Director and **via Blackboard AND Student Academics secure app (this redundancy change is effective with Rotation C beginning October 5)** to the Education Director. Comments and Corrections may be made **via both Blackboard and Student Academics Project Documents**. Please check for comments on a weekly basis and make corrections suggest in feedback. All projects are graded as pass/fail. Honors implies that no remediation was required of any submitted project.

## NBME Subject Exam

At the completion of the six week clerkship, students must take and pass the NBME subject exam in Obstetrics and Gynecology. Scores at or above the 75<sup>th</sup> percentile for the NBME shelf exam reference scores obtained by students completing clerkships at a similar time in their clinical training will be considered for honors if all other criteria for Honors has been met, as stated in the grading policy.

Students who fail the NBME Clinical Subject exam will be given an opportunity to retake the test within 90 days. The initial grade submitted will be "IR".

Honors grades will not be issued to any student who fails the initial attempt of the NBME examination, unless the student was unable to complete all clerkship/objectives /competencies due to an inability to participated such as illness, injury, family emergencies, etc.

## Competencies-Objectives-Assessment

COMPETENCY DOMAIN & PROGRAM SPECIFIC OBJECTIVES						CLERKSHIP SPECIFIC OBJECTIVE	ASSESSMENT METHOD
PC	MK	PBL	CS	Prof.	SBP	1) Demonstrate specific core clinical skills necessary to care for female patients.	
X	X					SLO 1.1: The student routinely includes information about the patient's menstrual, obstetric, gynecologic, sexual and/or contraceptive histories when performing the medical history.	Observation by Clerkship Faculty and Clerkship Director
X						SLO 1.2: The student routinely includes a pelvic exam and standard breast exam when appropriate in the physical exam.	Observation by Clerkship Faculty
X	X					SLO 1.3: The student demonstrates best practice techniques when collecting gynecologic specimens (PAP smear, cervical cultures, and vaginal specimen for vaginitis evaluation).	Observation by Clerkship Faculty
X	X					SLO 1.4: The student identifies and implements age-appropriate preventive services.	Observation by Clerkship Faculty
X	X					SLO 1.5: The student utilizes evidence-based screening tools to identify women at risk for: depression, domestic violence, tobacco use, urinary incontinence, and osteoporosis.	Observation by Clerkship Faculty and Analysis of Patient Log data
X	X	X				SLO 1.6: The student utilizes evidence-based digital resources at the point of care to access clinical information.	Observation by Clerkship Faculty
X	X		X			SLO 1.7: 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.	Observation by Clerkship Faculty and Clerkship Director; and by NBME subject exam
<b>PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning</b>							

COMPETENCY DOMAIN & PROGRAM SPECIFIC OBJECTIVES						CLERKSHIP SPECIFIC OBJECTIVE	ASSESSMENT METHOD
PC	MK	PBL	CS	Prof.	SBP	<b>2) Demonstrate core communications skills necessary to care for female patients.</b>	
X			X			SLO 2.1: The student will demonstrate basic patient education skills when informing and educating patients about common health concerns.	Observation by Clerkship Faculty and Clerkship Director
X			X			SLO 2.2: 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.	Observation by Clerkship Faculty
			X	X		SLO 2.3: The student will demonstrate shared decision-making techniques when negotiating and communicating patient management plans.	Observation by Clerkship Faculty
<p><b>PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning</b></p>							

COMPETENCY DOMAIN & PROGRAM SPECIFIC OBJECTIVES						CLERKSHIP SPECIFIC OBJECTIVE	ASSESSMENT METHOD
PC	MK	PBL	CS	Prof.	SBP	<b>3) Demonstrate core knowledge and basic skill in the delivery of Obstetrical and Gynecologic care.</b>	
X	X					SLO 3.1: Preconception care: Every fertile patient; every visit.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
X	X					SLO 3.2: 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.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
X	X					SLO 3.3: 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.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
X	X					SLO 3.4:	Observation by Clerkship

						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.	Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
X	X					SLO 3.5: 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.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
X	X					SLO 3.6: Ambulatory gynecologic care: Can 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.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
<b>PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning</b>							

COMPETENCY DOMAIN & PROGRAM SPECIFIC OBJECTIVES						CLERKSHIP SPECIFIC OBJECTIVE	ASSESSMENT METHOD
PC	MK	PBL	CS	Prof.	SBP		
						<b>4) Demonstrate professionalism in the approach to common OB/GYN clinical conditions and to patients with those conditions.</b>	
	X			X		SLO 4.1: The student demonstrates knowledge of the ethical conflicts that arise in the practice of obstetrics and gynecology.	Observation by Clerkship Faculty and Clerkship Director; Analysis of Patient Log data; and, NBME subject exam
				X	X	SLO 4.2: 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.	Observation by Clerkship Faculty and Clerkship Director
				X	X	SLO 4.3: The student demonstrates the capacity to self-reflect on experiences they have in the clinical setting.	Observation by Clerkship Faculty and Clerkship Director
				X		SLO 4.4: The student demonstrates the ability to communicate and work effectively with other health professionals.	Observation by Clerkship Faculty and Clerkship Director; and, Completion of Required Assignments
<b>PC = Patient Care, MK = Medical Knowledge, PBL = Practice-Based Learning, Prof. = Professionalism, SBL = Systems-Based Learning</b>							

# 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](#)

874 Traditions Way  
108 Student Services Building  
Florida State University  
Tallahassee, FL 32306-4167  
Voice: (850) 644-9566  
TDD: (850) 644-8504  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

## ***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](#))

## ***Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSU CoM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

## ***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 "Subject Guides" found with *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.

# Grading

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

## ***Clerkship-Specific Grading Criteria***

How the Final grade will be determined:

1. NBME Advanced Clinical Examination in OB/GYN (you must pass to pass the clerkship).
2. Compliance with patient log data entry of at least 100 patient encounters, 60% of which must be full involvement (pass/fail). NOTE: Meeting minimal requirements of encounters may not represent **Honors Performance. Encounters must be completed by 5pm on the last day of the rotation.**
3. Submission of all assignments: Reflection, Labor & Delivery Module, History & Physical (pass/fail)
4. Faculty evaluations and clerkship director evaluations documenting competency in all required domains
5. Professionalism (pass/fail)

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

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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](#). The Obstetrics-Gynecology Clerkship Blackboard site also has a content area with specific dates and deadlines for the Obstetrics-Gynecology clerkship that will be presented over the course of the entire year, with multiple evaluations and formative assessment periods.