



WINDSOR UNIVERSITY SCHOOL OF MEDICINE

OBSTETRICS AND GYNECOLOGY



THIS INSTITUTION IS POSITIONED AS AN AFFORDABLE INTERNATIONAL ENVIRONMENT FOR CULTURALLY DIVERSE STUDENTS TO GAIN CORE COMPETENCIES REQUIRED FOR GRADUATE AND POST GRADUATE TRAINING.

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LINKS FOR EVALUATION FORMS

Midcore Evaluation: <http://www.questionpro.com/t/ALT4jZS0fQ>

Final Preceptor Evaluation: <http://www.questionpro.com/t/ALT4jZS0fc>

Student Evaluation of Clinical Preceptor: <http://www.questionpro.com/t/ALT4jZSwFo>

Student Evaluation of Clinical Rotation: <http://www.questionpro.com/t/ALT4jZSymE>

INTRODUCTION:

Obstetrics and gynecology is a fast-paced, diverse field of medicine practiced in a variety of settings, both outpatient and inpatient. As a clerk, you will have the opportunity to see patients who are healthy, seeking prenatal or preventive care, those who are having an acute life threatening gynecologic problem and everything in between. Each student will spend time on labor and delivery, in the operating room participating in gynecologic surgery and in the outpatient setting. You may have the opportunity to work with subspecialists including Reproductive Endocrinologists, Gynecologic Oncologists, Maternal-Fetal Medicine specialists and more.

It is not the purpose of the rotation to prepare students for an ob./gyn 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. The ob./gyn clerkship requires that students record their patient contacts in the school's online patient encounter log. Along with your hands-on experience, your learning will be augmented by three web based resources. Your patient log along with the web-based resources will constitute your ob/gyn portfolio which students need to present at the end-of- clerkship oral exam.

We hope that you become familiar with what the general obstetrician/gynecologist does, have the opportunity to be exposed to common obstetric and gynecologic procedures, solidify pelvic exam skills and learn about important topics in women's health to serve you in whatever specialty you ultimately choose.

SPECIFIC LEARNING OBJECTIVES FOR OB-GYN -

Medical Knowledge: The student will learn:

1. Health maintenance and preventive care for women, including age-related issues in cancer screening, screening for other common adult-onset illnesses, nutrition, sexual health, vaccination and risk factor identification and modification.
2. Acute and chronic conditions common in women's general and reproductive health, including their diagnosis and treatment.
3. Principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.
4. Prenatal, intrapartum and post-partum care of normal pregnancy and common pregnancy-related complications as well as the care of women with acute or chronic illness throughout pregnancy.
5. Fetal and immediate neonatal assessment.

Clinical Skills: The student will demonstrate competence in:

1. Communication skills
Interacting effectively and sensitively with patients, families, and with health care teams in verbal and written presentations.
Recognize the important role of patient education in prevention and treatment of disease.
Verbal Presentations: Organize a case presentation to accurately reflect the reason for the evaluation, the chronology of the history, the details of physical findings, the differential diagnosis and the suggested initial evaluation. Include age specific information and precise description of physical findings. Justify the thought process that led to the diagnostic and therapeutic plan.
Written Documentation: Document the independent clinical thinking of the student. When using templates, or their own prior documentation, students should carefully adjust the note to reflect newly completed work and to ensure the note is a useful addition to the medical record.
2. History Taking: From patients in more complex situations such as in the emergency and labor setting, collecting complete and accurate information and focusing appropriately.
Describe how to modify the interview depending on the clinical situation— inpatient, outpatient, acute and routine settings.
3. Physical Exams: complete and focused depending on indication and condition.
4. Clinical Problem Solving: Using data from history, physical, labs and studies to define problems, develop a differential diagnosis, and identify associated risks.
5. Clinical Decision Making: Incorporating patient data with patient needs and desires when formulating diagnostic and therapeutic plans.
6. Evidence - Based Medicine: Ability to conduct an evidence-based search surrounding a specific clinical question and to appropriately evaluate the literature to answer such question.
7. Self - Education: Recognizing knowledge deficits and learning needs through a reflective self-assessment process, plan or seek assistance in remediation of knowledge deficits, develop key critical thinking and problem solving skills. Seek feedback.

Professional Behavior: The student will be expected to:

1. Demonstrate compassion, empathy and respect toward patients, including respect for the patient's modesty, privacy and confidentiality.
2. Demonstrate communication skills with patients that convey respect, integrity, flexibility, sensitivity and compassion.
3. Demonstrate respect for patient attitudes, behaviors and lifestyle, paying particular attention to

cultural, ethnic and socioeconomic influences.

4. Function as an effective member of the health care team, demonstrating collegiality and respect for all members of the health care team.
5. Demonstrate a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting and acting on feedback, flexibility when differences of opinion arise and reliability.
6. Identify and explore personal strengths, weaknesses and goals.

CORE TOPICS

Week 1 Lecture Topics: General Obstetrics and Gynecology

1. History specifically pertain to OB/GYN
2. Physical exam of a female in all reproductive stages and during pregnancy
3. Patient write-up
4. Differential Diagnosis, investigation and management plan
5. Preventive care in Birth control, STD and family planning
6. Professional behavior and communication skills
7. Domestic violence and sexual assault and abuse

Quiz 1: General OB/GYN Visit and Care (End of Week 1)

Week 2 Lecture Topics: *Obstetrics*

1. Maternal-fetal physiology
2. Preconception care
3. Antepartum care
4. Intrapartum care
5. Antepartum and intrapartum fetal surveillance
6. Postpartum care
7. Care of Newborn in labor and delivery
8. Isoimmunization
9. Multifetal gestation
10. Normal and abnormal labor
11. Breastfeeding

Quiz 2: Obstetrics from Week 2 (End of Week 2)

Week 3 Lecture Topics: *Obstetrics:*

12. Abortion (spontaneous, threatened, incomplete, missed)
13. Preterm labor
14. Preterm rupture of membranes
15. Third trimester bleeding
16. Postpartum hemorrhage
17. Hypertensive disorders of pregnancy
18. Postdates pregnancy
19. Fetal growth restriction
20. Placental transmission Infection – STD and HIV and ZIKA

Quiz 3: Obstetrics from Week 3 (End of Week 3)

Week 4 Lecture Topics: *Gynecology*

1. Ectopic pregnancy
2. Contraception
3. Sterilization
4. STD
5. Endometriosis
6. PID (acute and Chronic)
7. Urinary incontinence
8. Post-partum pathologies
9. Breast disease

10. Vulvar disease and neoplasm
11. Cervical disease and neoplasm
12. Uterine disease and neoplasm
13. Ovarian disease and neoplasm

Quiz 4: Gynecology (End of Week 4)

Week 5 Lecture Topics: Endocrinology and Infertility

1. Menarche
2. Menopause
3. Amenorrhea
4. Dysmenorrhea
5. Normal and abnormal uterine bleeding
6. Infertility
7. Hirsutism and Virilization

Quiz 5: Endocrinology and Infertility (End of week 5)

PRECEPTOR'S "TEACHING SCHEDULE TEMPLATE":

Preceptor's name: _____

| | Morning Rounds | OR Schedules (Schedule 2-3 students per day OBSERVATION ONLY) | Out-Patient Clinics | Private Office (schedule 2-3 students per day OBSERVATION ONLY) | Hospital Ground Rounds and CME rounds | Didactic Teaching (Core Topics 5-6 hours /week) | Preceptor or Resident On-call Schedule (2-3 students/call) | Help Schedule (2 hours Per week) | Other |
|--------|----------------|---|---------------------|---|---------------------------------------|---|--|----------------------------------|-------|
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs. | | | | | | | | | |
| Fri | | | | | | | | | |

OB/GYN PROCEDURES TO BE OBSERVED BY STUDENT DURING THIS CORE ROTATION:

A. Obstetrics and Gynecology

1. Amniocentesis and Amniotomy
2. Epidural Injections
3. Cervical Polypectomy
4. Cesarean Section
5. Curettage-Cautery
6. Endometrial Biopsy
7. Fine-Needle Aspiration–Breast
8. First and Second Degree Repair of the Perineum
9. First-Trimester Obstetric Ultrasound
10. Forceps Delivery
11. Intrauterine Contraceptive Device Insertion
12. Intrauterine Contraceptive Device Removal
13. Intrauterine Pressure Catheter Insertion
14. Loop Electrosurgical Excision Procedure (LEEP)
15. Open Exploratory Laparotomy
16. Pap Smear
17. Paracentesis
18. Paracervical Block
19. Third and Fourth Degree Repair of the Perineum
20. Third-Trimester Obstetric Ultrasound
21. Uterine Aspiration
22. Vacuum-Assisted Delivery
23. Vaginal Delivery
24. Vulvar Biopsy
25. Wart Treatment
26. Manual removal of placenta
27. External cephalic version
28. Abdominal (open) tubal ligation
29. Laparoscopic tubal ligation
30. Hysteroscopic tubal ligation
31. Hysteroscopy
32. Dilation and curettage (non-obstetric)
33. Dilation and curettage (obstetric)
34. Vaginal hysterectomy
35. Abdominal hysterectomy
36. Oophorectomy
37. Salpingectomy/salpingostomy
38. I and D/marsupialization bartholin cyst
39. Colposcopy
40. Vulvectomy

41. Fistula repair
42. Vaginal sling procedure
43. Birch procedure
44. Breast cyst aspiration

BASIC OB/GYN PROCEDURES A STUDENT MUST BE SUPERVISED AND PERFORMED DURING THIS OB/GYN ROTATION:

1. Perform a detailed obstetric History
2. Perform a detailed gynecological history
3. Observe and perform a detailed external examination of a fetus
4. Palpate a dilated cervix
5. Observe and perform a detailed pelvic exam and bi-manual examination
6. Auscultate and distinguish a fetal heart sound
7. Observe and perform a detailed Breast examination

WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for ob/gyn. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

| | |
|------------------------------|---|
| MedU | FmCases: 12, 14, 17, 20, 32, 33 |
| Communication Skills Modules | Students are responsible for completing DOCCOM Communication Skills Modules 18 “Exploring Sexual Issues” & 28 “Domestic Violence” of the Communication Skills B course. |
| USMLE World Assignment | 205 Ob/GYN questions |

EVALUATION AND GRADING

A. The Formative Mid-core Evaluation

All clerkship directors must arrange for formative mid-core evaluations with all students. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix D). This form is not part of students' permanent record and can be kept on file at the hospital with a copy to the Associate Dean of Clinical Sciences. The purpose of this evaluation is to provide students with informal, qualitative feedback early enough in the clerkship to allow time for remediation of deficiencies. This meeting also gives the clinical preceptors an opportunity to help students recognize their strengths. The mid-core evaluation also gives medical students the opportunity to measure their progress in learning.

B. The Summative Final Evaluation

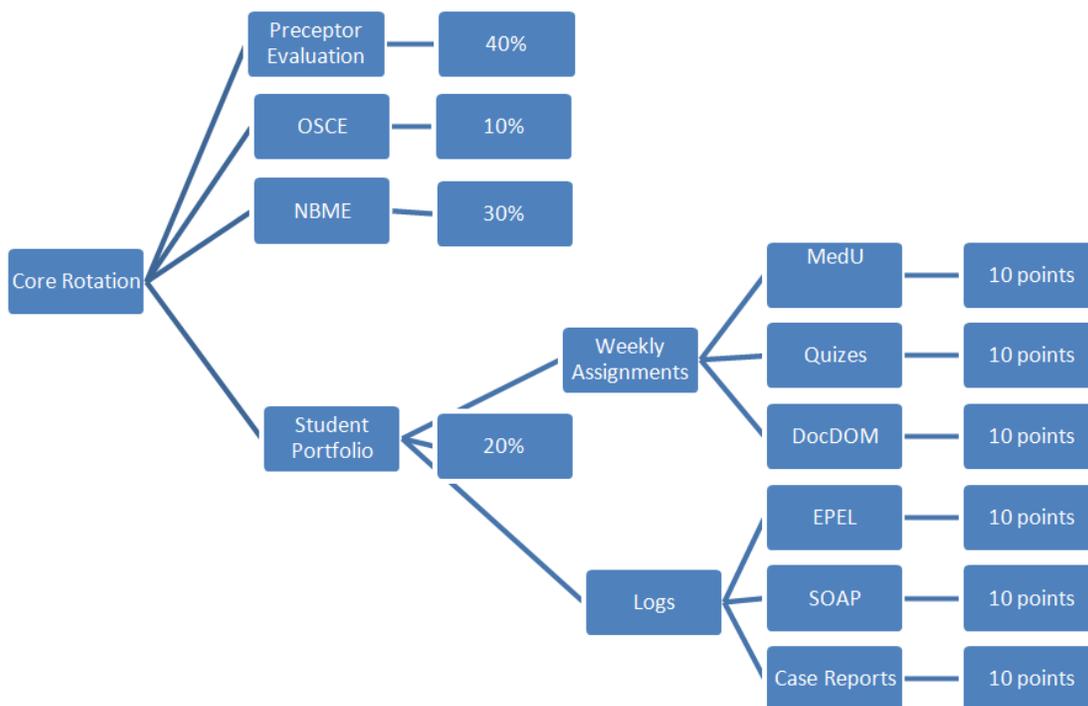
Grading Policy for the Clerkships

The Clinical preceptor completes a final evaluation form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix C). The narrative comments summarize the student's clinical performance, professional behavior including attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional evaluative information beyond the letter grade. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-improvement on the part of the student. Constructive criticisms can help a student develop into a more competent physician. Students should attempt to review these comments at the hospital, either from the clerkship director or from the medical education office. Alternatively, students can request a copy of the evaluation form from their clinical student coordinator in the Office of Clinical Studies.

The final grade in the clerkship represents a quantitative average of four components:

- 1) **40%: End of Clerkship Preceptor Evaluation of Student**
- 2) **30%: Core Rotation/ NBME Exam Score**
- 3) **10%: OSCE /Oral Examination.**
- 4) **20%: Student Portfolio**

Refer to Diagram below for further breakdown of student portfolio:



The final grade calculation= Cumulative of above 4 > 65 % to pass.

Grading:

Honors: If you get an A in all 4 areas of evaluation.

In progress: Failure of one area but pass all other areas of evaluation.

Failure: Fail two or more areas of evaluation.

Re-mediation

In progress:

- **Clinical evaluation:** successfully repeat 4 weeks of rotation
- **Clinical Log:** successfully complete all logs
- **OSCE/Oral:** successfully repeat the OSCE
- **Written Exam:** successfully pass exam, up to three attempts

The final grade will be calculated using the new data and will be downgraded one letter grade unless that grade is a "C".

Failure: The student must repeat the entire clerkship.

Clinical Performance:

(40% Preceptor Evaluation, 10% weekly quiz, and 10% Patient Log and 10% MedU and Doccom)

The teaching physicians who work with the student during the rotation evaluate the student's clinical performance in six core competency areas, medical knowledge, clinical skills, professional behavior, Interpersonal and Communication Skills, Proactive based learning and systems-based learning. The more

feedback the evaluator gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty evaluates the extent to which the student has developed the competencies required for that rotation. The following general goals form the basis of all evaluations. A more comprehensive list of competencies appears in Outcome Objectives of Medical education above.

A mid-core meeting with each student is required to discuss the student's performance.

Students must print a copy of their Electronic Patient Encounter Log and procedural experience log and present it at the mid-core meeting for review by the Clinical Preceptor. The Clinical Preceptor discusses the log and the student's performance. This discussion should include encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly. The mid-core evaluation is formative and requires documentation on the WUSM Mid-core evaluation form (see Appendix D).

End of Clerkship Examinations for all Locations: (Virtual Patient or Actor Patient)

a. OSCE(s), Oral Examination

Each department has a form for the end-of-clerkship oral exam (appendix J). The end of clerkship oral exam should last at least 20 minutes and requires a one-on-one format involving the student and clinical faculty member. It is used to evaluate independent study and patient log documentation but is primarily a Step 2 CS-type exam.

The first part of the exam requires the examiner to review the portfolio, which each student brings to the exam. This portfolio consists of the patient log and the web-based exams. The examiner first confirms that the student has completed all assignments and has shown a commitment to documentation in the log. The portfolio can be used to evaluate the extent to which the student has studied actively and independently.

After the review of the patient log, the exam should proceed as a Step 2 CS OSCE exam, this has two parts:

1. The integrated clinical encounter (ICE). This is the "classic" exam. The examiner would choose a case, from the student's log for example, and ask the student to "integrate the history, physical findings, lab results, imaging studies, etc. into a reasonable discussion of pathophysiology, differential diagnosis, further work-up and management, etc."

2. Communication skills and interpersonal relationship (CS/IR). This is new and may require some creativity and play-acting on the part of the examiner. Departments could develop a list of "challenging" questions involving ethical issues, e.g., end-of-life decisions, informed consent, delivering bad news, etc. Evaluations here may be difficult and subjective. One way to look at this would be for examiners to ask themselves "If this was an interview, would I take this student into my residency program?" If the answer is negative, we would like to know, in order to remediate the student. The exam form should have a section for such comments. These students may be at high risk for a Step 2 CS failure and/or for not getting a residency because of their lack of interviewing skills. To a certain extent, this can be a formative as well as a summative exam.

b. NBME Exam

The NBME Clinical Subject (Shelf) Exam must be taken by all students toward the end of the core rotation and determines 30% of the final grade during 3rd year Core Rotations but 50% after 4th year (end of Clinical Rotation). Scheduling for this exam is done by Dean's office. Hospitals should excuse students for the entire day in order to take these exams. While the oral exam is based on the student's clinical experience during the rotation, the shelf exam is not. Instead the shelf exam tests students' understanding of the subject as, for example, it might be presented in a concise textbook. Students must sit the shelf exam before starting their next rotation.

c. Examination Policies and Procedures

- All students must attend the Oral Exam as scheduled. No excuses are permitted unless approved by the Clinical Preceptor or AHD.
- All students must attend the NBME exam as scheduled. With rare exception and only after approval by the Dean, a student can take a separate WINDSOR written exam.
- Students who are too ill to take the exam as scheduled should refer to the "Medical Excuse" policy in the Student Manual.
- If for any reason a student misses an oral exam, a make-up exam must be scheduled within 2 weeks with the Clinical Preceptor or AHD.
- If for any reason a student misses an NBME exam, a make-up exam must be scheduled within 2 weeks by contacting Dean's office.

READING

Students should use the most recent edition of the following textbooks:

Required

Obstetrics/Gynecology for the Medical Student
Beckman, et al Lippincott Williams & Wilkins

Supplementary

Williams Obstetrics
Cunningham et al, Appleton
Danforth's Obstetrics and Gynecology
Scott et al Lippincott, Williams and Wilkins
Problem Based Obstetrics and Gynecology
Groom and Cameron, Blackwell
Reproductive Endocrinology
Speroff et al, Lippincott Williams and Wilkins

Other Helpful Review Texts:

OB/GYN Mentor: Your Clerkship and Shelf Exam Companion
M. Benson, F. A. Davis Company
First Aid for the Wards: Insider Advice for the Clinical Years Le et al,
Appleton & Lange
First Aid for the USLME Step 2 CK and CS Le et al, McGraw-Hill
Kaplan Lecture Book Series (OB/GYN) Available only through Kaplan

On Line References

APGO Website: APGO.edu
OBGYN 101: Introductory Obstetrics and Gynecology": obgyn-101.org
MDConsult: mdconsult.net
Up to Date: UpToDateOnline.com

Windsor University School of Medicine

Clinical Documentation Checklist

Student Name: _____ Student ID: _____

Hospital/Clinic: _____ Preceptor: _____

Date Started: _____ Date Ended: _____ Total Weeks: _____

| S. No | Clinical Documentation/ Skills | Required | Completed | Student Initials |
|-------|--|----------|-----------|------------------|
| 1. | Electronic Patient Encounter Logs (EPEL) | 12 | | |
| 2. | SOAP Notes | 4 | | |
| 3. | Case Reports | 2 | | |
| 4. | MedU Cases | 6/12 | | |
| 5. | DocCom Modules | 2 | | |
| 6. | Mid-core evaluation | 1 | | |
| 7. | Preceptor Evaluation | 1 | | |
| 8. | Core Examination (NBME Shelf) | 1 | | |
| 9. | Procedure Logs | 1 | | |
| 10 | OSCE Skills | 1 | | |
| 11 | Feedback Interview | 1 | | |
| 12 | Student Evaluation of Rotation | 1 | | |
| 13 | Student Evaluation of Preceptor | 1 | | |

Note: It is student's responsibility to complete the above requirements in its entirety with integrity and honesty. Students should get them evaluated by his attending, and submit the same to the clinical department. Failure to do so will result in receiving poor grade in the specific clinical rotation on the transcript.

Student Signature: _____ Date: _____

Attending/Preceptor: _____ Date: _____