



TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

Our Mission

Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic health care.

**CORE OBSTETRICS AND GYNECOLOGY
CLERKSHIP SYLLABUS**

MEDE 8607

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PURPOSE OF THE GENERAL CLERKSHIP

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

CLERKSHIP DESCRIPTION

The faculty and staff from the Department of Obstetrics and Gynecology at the University of North Texas Health Science Center at Fort Worth are pleased to welcome you to your core rotation in Obstetrics and Gynecology. During this six-week rotation our goal is to expose you to conditions associated with the female reproductive organs, as well as, primary care for women including preventive care and screening. This will be accomplished through direct contact with patients in the clinics and hospital setting.

The Obstetrics and Gynecology Clerkship is a core rotation consisting of six weeks of active participation in patient care with specialists in the field of obstetrics and gynecology. The clerkship is designed to acquaint you with the concepts and practices utilized in the care of obstetrical, gynecological and gynecologic surgical patients. Through this experience you will learn many of the techniques and procedures inherent to the specialty and become familiar with the diagnosis and management of common problems and complications associated with obstetric and gynecologic patients. At the end of the rotation you should be able to determine which of these techniques and procedures are appropriate for use as a primary care physician and which should be delegated to specialists in the field.

The sites of Obstetrics and Gynecology clerkships along with the names of clerkship coordinators are available in the Clinical Education Office. Your clerkship responsibilities will be defined by the director at the clerkship site. In addition to responsibilities involving patient care, there should be active attempts to broaden your knowledge of the specialty. To pursue this goal, you will be expected to attend and participate in available structured educational activities and complete reading and/or review assignments that are recommended. You will be immediately supervised by the rotating resident staff and the attending physician.

You are expected you to perform consistently as a responsible member of the health care team, displaying a professional demeanor both with your patients and with your colleagues. Your

approach to patients should be as a health advocate and partner striving to develop an appropriate rapport, involving their participation and always maintaining a strict sense of confidentiality. One hundred percent attendance is expected of you for all clerkship activities as outlined for your site (daily patient care, daily rounds, available lectures, etc.). You are expected to understand the regulations governing use of controlled substances and realize that their abuse will result in automatic failure of this clerkship. Should the need arise for your absence (i.e. illness or death in the family) you must notify both your immediate supervisor and the clerkship coordinator. When you are on the service, you should make yourself available to assist where needed, using these opportunities to further your learning. You are expected to be punctual and prepared at all times. Dress and appearance should be appropriate for the clinical situation in which you are involved at the time.

The nature of the specialty sometimes requires long and varied hours. In addition, there will be call as dictated by the coordinator at your clerkship site. Please make appropriate arrangement to be available during all hours that you have responsibilities.

GENERAL CLERKSHIP COMPETENCIES

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

- | | |
|--|------|
| 1. Osteopathic Principles and Practices | OPP |
| 2. Medical Knowledge | MK |
| 3. Patient Care | PC |
| 4. Interpersonal and Communication Skills | ICS |
| 5. Professionalism | P |
| 6. Practice-Based Learning and Improvement | PBLI |
| 7. Systems-Based Practice | SBP |
| 8. Health Promotion/Disease Prevention | HPDP |

CORE COMPETENCIES

- Osteopathic Principles and Practices
 - Demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.
 - Understand the interdependence of the musculoskeletal/lymphatic system and other organ systems.
 - Understand that the mind, body and spirit all interact in the promotion of health and wellbeing.

- Demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.
- Patient Care
 - Caring and respectful behaviors
 - Interviewing
 - Informed decision-making
 - Develop and carry out patient management plans
 - Counsel and educate patients and families
 - Performance of procedures
 - Routine physical exam
 - Medical procedures
 - Preventive health services
 - Work within a team
 - Provide osteopathic knowledge, principles and practices into patient care.
- Medical Knowledge
 - Investigatory and analytic thinking
 - Knowledge and application of basic science
 - Must be able to demonstrate the understanding and application of the principles of osteopathic medicine involving clinical, social and behavior sciences.
- Practice-based Learning and Improvement
 - Analyze own practice for needed improvements
 - Use of evidence from scientific studies
 - Application of research and statistical methods
 - Use of information technology
 - Facilitate learning of others
 - Demonstrate ability to integrate evidence based medicine into osteopathic clinical practice.
- Interpersonal and Communication Skills
 - Creation of therapeutic relationship with patients
 - Listening skills
 - Demonstrate interpersonal and communication skills to provide professional relationships related to osteopathic principles and practices.
- Professionalism
 - Respectful, altruistic
 - Ethically sound practice
 - Sensitive to cultural, age, gender, disability issues

- Demonstrate an understanding that he or she is a reflection of the osteopathic profession.
- Systems-based Practice
 - Understand interaction of their practices within the larger system
 - Knowledge of practice and delivery systems
 - Practice cost effective care
 - Advocate for patients within the health care system

INTERPROFESSIONAL EDUCATION COURSE COMPETENCIES

- **Competency Domain 1: Values/Ethics for Interprofessional Service**
- **Competency Domain 2: Roles/Responsibilities**
- **Competency Domain 3: Interprofessional Communication**
- **Competency Domain 4: Teams and Teamwork**

OBJECTIVES FOR IPE (INTERPROFESSIONAL EDUCATION) EXPERIENCE ON WOMEN'S HEALTH ROTATION

The purpose of this experience is to give the student a chance to gain a better understanding of the role of their nursing staff colleagues in Women's Health.

CD1- Values/ethics for Interprofessional Practice

CD2- Roles/Responsibilities

CD3- Interprofessional Communication

CD4- Teams and Teamwork

The experience:

Each medical student rotating on the JPS OB/GYN rotation will have the opportunity to work with a member of the nursing staff for an entire shift on Labor and Delivery, 2 South (AP/PP/GYN) or both during their rotation.

The student will be present for the patient check out in the morning between the nursing staff (6:30 AM). They will then work with the nurse throughout the day, helping them perform their patient care duties. They will then participate in the evening check out between the nursing staff (6:30-7 PM).

The following objectives have been modified for our purposes from the Core Competencies of Interprofessional Collaborative Practice.

Values/Ethics for Interprofessional Practice

- 1) Place the patient's interests at the center the delivered health care during your shift
- 2) Maintain confidentiality while working with the nursing staff
- 3) Recognize cultural diversity of patients and the nursing staff
- 4) Recognize the roles/responsibilities and expertise of the nursing staff
- 5) Work in a collaborative manner with the nursing staff to deliver care and accomplish the goals for the day
- 6) Develop trust with patients and the nursing staff
- 7) Demonstrate high quality care and ethical conduct while delivering patient care
- 8) Consider and potentially manage ethical dilemmas
- 9) Act with honesty and integrity during the shift (s)
- 10) Reflect on the role of the physician in the care of the patient (s)

Roles and Responsibilities

- 1) Communicate your role and responsibilities to patients and the nursing staff
- 2) Recognize one's deficiencies, limitations in knowledge and skills
- 3) Recognize how the nursing staff complements the role of the physician in delivering quality health care
- 4) Explain the role of the nursing staff in providing care
- 5) Communicate with others about the roles and responsibilities of different members of the health care team
- 6) Communicate about the role of the student in executing a treatment plan
- 7) Forge interdependent relationships with the nursing staff to improve care and advance learning
- 8) Engage in interprofessional development to enhance team performance

Interprofessional Communication

- 1) Communicate in order to enhance team function
- 2) Organize and communicate information with patients, families in an understandable form
- 3) Demonstrate the ability to recognize when communication is enhanced by using hospital translation services
- 4) Listen actively and encourage ideas from others
- 5) Give and receive feedback that is respectful, timely and instructive
- 6) Use respectful language
- 7) Consistently communicate the importance of teamwork in patient care

Teams and Teamwork

- 1) Demonstrate an understanding of Team Development with a self-reflective exercise
- 2) Appreciate the importance of developing consensus in order to enhance team delivery of health care
- 3) Engage with the nursing staff as able to share in problem solving
- 4) Integrate knowledge and experience of the nursing staff to inform care decisions
- 5) Be accountable to the patient and nursing staff for the provision of care during the shift
- 6) Reflect on performance in order to develop improvement

Core Entrustable Professional Activities (EPAs) for Entering Residency

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. It is hoped that clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter in the patient record.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement.

CLERKSHIP GOALS AND LEARNING OBJECTIVES

UNIT 1: APPROACH TO THE PATIENT

Educational Objective 1: History Rationale:

A gynecological evaluation is an important part of primary health care and preventive medicine for women.

A gynecological assessment should be a part of every woman's general medical interview and physical examination.

Certain questions must be asked of every woman, whereas other questions are specific to particular problems.

To accomplish these objectives, optimal communication must be achieved between patient and physician.

Learning Objectives	AOA Comp
A student should be able to:	
A. Complete a comprehensive women's medical interview, including: 1. Menstrual history 2. Obstetrical history 3. Gynecologic history 4. Contraceptive history 5. Sexual history, including sexual orientation and sexual function 6. Family history 7. Social history	PC ICS P
B. Assess the risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies and domestic violence	PC ICS P
C. Assess compliance with recommended screening measures specific to women (e.g. cervical malignancy, gynecologic exam, breast exam, diagnostic breast imaging) in risk-appropriate circumstances	PC HPDP
D. Demonstrate interpersonal and communication skills that build trust by addressing contextual factors (e.g. culture, ethnicity, language/literacy, socioeconomic class, spirituality/religion, age, sexual orientation, disability)	OPP ICS
E. Communicate the results of the ob/gyn and general medical interview by well-organized written and oral reports	PC

Educational Objective 2: Examination

Rationale:

An accurate examination complements the history, provides additional information, and helps determine diagnosis and guide management. It also provides an opportunity to educate and reassure the patient.

Learning Objectives	AOA Comp
A student should be able to:	
A. Demonstrate interactions with the patient that gains her confidence and cooperation and assures her comfort and dignity.	PC P
B. Perform accurate examinations in a sensitive manner, including: 1. Breast examination 2. Abdominal examination 3. Complete pelvic examination	PC P
C. Describe the: 1. Normal female anatomy across the life span 2. Appearance of common pathology of the female urogenital tract 3. Appearance of common breast changes and disorders	MK
D. Produce well-organized written and oral reports to communicate findings of the examination	PC
E. Communicate examination findings with the patient as appropriate	ICS

Educational Objective 3: Pap Test and DNA Probes/Cultures

Rationale:

The Pap smear is one of the most effective screening tests used in medicine today. Proper technique in performing the Pap smear and obtaining specimens for microbiologic culture will improve accuracy.

Learning Objectives	AOA Comp
A student should be able to:	
A. Perform a Pap Test	PC
B. Obtain specimen to detect sexually transmitted infections	PC
C. Explain the purpose of these tests to the patient	ICS

Educational Objective 4: Diagnosis and Management Plan

Rationale:

Accurately identifying problems and selecting the most likely diagnoses lead to effective management plans.

Learning Objectives	AOA Comp
A student should be able to:	
A. Generate a problem list	MK, PC
B. Formulate a diagnostic impression, including differential diagnosis	MK
C. Appraise cultural, psychosocial, economic and ethical issues in patient care	OPP, PBLI
D. Develop a management plan that includes <ol style="list-style-type: none">Laboratory and diagnostic studiesTreatment options, both medical and surgicalPatient educationContinuing care plansConsideration for evidence-based medicine	MK, PC, ICS

Educational Objective 5: Personal Interaction and Communication Skills

Rationale:

The student must interact and communicate effectively with a patient, her family, and all members of a health care team.

Learning Objectives	AOA Comp
A student should be able to:	
A. Develop rapport with patients, taking into account patients' social and cultural contexts	OPP, ICSA, P
B. Work cooperatively with patients, their social supports and other members of the health care team	OPP, ICSA, P
C. Analyze his/her own strengths with regards to interactions and communication skills	OPP, ICSA, P, PBLI

Educational Objective 6: Legal and Ethical Issues in Obstetrics and Gynecology

Rationale:

Recognizing and understanding the basis of legal and ethical issues in obstetrics and gynecology will promote quality patient care and patient safety.

Learning Objectives	AOA Comp
A student should be able to:	
A. Explain the following legal/ethical issues	

1. Informed consent 2. Confidentiality 3. Advance directives for healthcare 4. Screening and reporting of suspected child abuse, sexual abuse and intimate partner violence.	MK, SBP
B. Discuss the legal and ethical issues in the care of minors	MK
C. Apply a systemic approach to ethical dilemmas based on ethical principles	PC, P
D. Describe issues of justice relating to access to obstetrics-gynecology care	PC, P
E. Recognize his/her role as a leader and advocate for women.	PBLI
F. Recognize the ethical issues of other specialties and disciplines as they relate to women's healthcare	PBLI, SBP

Educational Objective 7: Preventive Care and Health Maintenance

Rationale:

The student will recognize the value of routine health surveillance as a part of health promotion and disease prevention.

Learning Objectives	AOA Comp
A student should be able to:	
A. Counsel patients regarding the following and suggest appropriate referral if necessary (i.e., social worker, nutritionist, psychologist): 1. Contraception 2. Intimate partner violence 3. Prevention of sexually transmitted infections 4. Immunization 5. Diet/nutrition 6. Exercise 7. Seat belt use 8. Stress management 9. Sun exposure 10. Depression 11. Tobacco use 12. Alcohol/substance abuse	PC, ICS

<p>B. Explain prevention guidelines including screening procedures for diseases of the following organ systems:</p> <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 	<p>OPP, HPDP</p>
<p>C. Identify risk factors in a patient's personal and family history for diseases of the following organ systems:</p> <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 	<p>MK, PC</p>

UNIT 2: OBSTETRICS

SECTION A: NORMAL OBSTETRICS

Educational Objective 8: Maternal-Fetal Physiology

Rationale:

Knowledge of the physiologic adaptations to pregnancy will allow the student to better understand the impact of pregnancy in health and disease.

Learning Objectives	AOA Comp
A student should be able to:	
A. Discuss the maternal physiologic and anatomic changes associated with pregnancy.	MK
B. Describe fetal and placental physiology	MK
C. Interpret common diagnostic studies during pregnancy	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 6, pages 61-75

Educational Objective 9: Preconception Care

Rationale:

The proven benefits of good health prior to conception include a significant reduction in maternal and fetal morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe how certain medical conditions affect pregnancy	MK
B. Describe how pregnancy affects certain medical condition	MK

C. Assess a patient's genetic risk as well as father's genetic risk with regard to pregnancy	MK, PC
D. Describe genetic screening options in pregnancy	MK
E. Recognize a patient's risk of substance abuse and intimate partner violence and explain how this would be addressed with a patient	PC, ICS, SBP
F. Appraise a patient's nutritional status and make recommendations to the patient on nutrition and exercise.	PC
G. Asses a patient's medications, immunizations and environmental hazards in pregnancy	PC, HPDP
H. Identify appropriate folic acid intake	MK
I. Identify ethical issues associated with prenatal genetic screening and diagnostic tests	P

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 6, pages 61-75

Educational Objective 10: Antepartum Care

Rationale:

Antepartum care promotes patient education, provides ongoing risk assessment with the aim to maintain positive maternal and fetal outcomes.

Learning Objectives	AOA Comp
A student should be able to:	
A. Diagnose pregnancy	PC
B. Determine gestational age	MK, PC
C. Assess risk factors for pregnancy complications, including screening for intimate partner violence	PC, ICS
D. Describe appropriate diagnostic studies and their timing for a normal pregnancy	MK
E. List the nutritional needs of pregnant women	MK
F. Identify adverse effects of drugs and the environment on pregnancy	MK
G. Perform a physical examination on obstetric patient	PC
H. Discuss answers to commonly asked questions concerning pregnancy, labor and delivery	ICS
I. Describe approaches to assessing the following: <ol style="list-style-type: none"> 1. Fetal well-being 2. Fetal growth 3. Amniotic fluid volume 4. Fetal lung maturity 	MK

J. Describe the impact of pregnancy on medical problems on pregnancy.	MK
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Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 7, pages 76-95

Educational Objective 11: Intrapartum Care

Rationale:

Understanding the process of normal labor and delivery allows optimal care and reassurance for the parturient and timely recognition of abnormal events.

Learning Objectives A student should be able to:	AOA Comp
A. Differentiate between the signs and symptoms of true and false labor	MK, PC
B. Perform initial assessment of laboring patient	PC, ICS
C. Describe the four stages of labor and recognize common abnormalities	MK
D. Explain pain management approaches during labor	MK
E. Describe methods of monitoring the mother and fetus	MK
F. Describe the steps of a vaginal delivery	MK
G. List indications for operative delivery	MK
H. Identify maternal risks specific to delivery in developing countries	MK, SBP

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 8, pages 96-124

Educational Objective 12: Immediate Care of the Newborn

Rationale:

Assessment of the newborn allows recognition of abnormalities requiring intervention.

Learning Objectives A student should be able to:	AOA Comp
A. List techniques for assessing newborn status	MK
B. Describe immediate care of the normal newborn	MK
C. Recognize situations requiring immediate intervention in newborn care	PC
D. Describe the risks and benefits of male infant circumcision	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 8, pages 96-124

Educational Objective 13: Postpartum Care

Rationale:

Knowledge of normal postpartum events allows appropriate care, reassurance of early recognition of abnormal events.

Learning Objectives	AOA Comp
A student should be able to:	
A. Discuss the normal maternal physiologic changes of the postpartum period	MK
B. Describe the components of normal postpartum care	MK
C. Outline topics to cover in postpartum patient counseling	MK
D. Describe appropriate post-partum contraception	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 8, pages 96-124
Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 10, pages 136-146

Educational Objective 14: Lactation

Rationale:

Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient.

Learning Objectives	AOA Comp
A student should be able to:	
A. List normal physiologic and anatomic changes of the breast during pregnancy and postpartum	MK
B. Recognize and know how to treat common postpartum abnormalities of the breast	ML, PC
C. List the benefits of breast feeding	MK, HPDP
D. Describe the resources and approach to determining medication safety during breast feeding	MK, SBP
E. Describe common challenges in the initiation and maintenance of lactation	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 8, pages 115-116

UNIT 2: OBSTETRICS

SECTION B: ABNORMAL OBSTETRICS

Educational Objective 15: Ectopic Pregnancy

Rationale:

Ectopic pregnancy is a leading cause of maternal morbidity and mortality. Early diagnosis and management may prevent serious adverse outcomes, and may preserve future fertility.

Learning Objectives	AOA Comp
A student should be able to:	
A. Develop a differential diagnosis for vaginal bleeding and abdominal pain in the first trimester.	MK
B. Perform a physical exam to assess for acute abdomen	PC
C. List risk factors for ectopic pregnancy	MK
D. Discuss diagnostic protocols for ectopic pregnancy	MK, PC
E. Describe treatment options for patients with ectopic pregnancy	MK, PC

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 24, pages 304-313

Educational Objective 16: Spontaneous Abortion

Rationale:

Spontaneous abortion is a common and often distressing complication of early pregnancy. An accurate and prompt diagnosis is warranted.

Learning Objectives	AOA Comp
A student should be able to:	
A. Develop a differential diagnosis for first trimester vaginal bleeding	MK, PC
B. Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, ectopic)	MK, PC
C. List the causes of spontaneous abortion	MK
D. List the complications of spontaneous abortion	MK
E. Discuss treatments options for spontaneous abortion	PC, ICS

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 7, pages 79-83

Educational Objective 17: Medical and Surgical Complications of Pregnancy

Rationale:

Medical and surgical complications may alter the course of pregnancy. Likewise, pregnancy may have an impact on the management of these conditions.

Learning Objectives	AOA Comp
A student should be able to:	
A. Identify the following medical and surgical conditions in pregnancy and discuss the potential impact of the conditions on the gravid patient and the fetus/newborn, as well as the impact of pregnancy (if any) on each condition, and appropriate initial evaluation:	
1. Anemia	MK

2. Endocrine disorders, including diabetes mellitus and thyroid disease	MK
3. Cardiovascular disease	MK
4. Hypertension	MK
5. Pulmonary disease	MK
6. Renal disease	MK
7. Gastrointestinal disease	MK
8. Neurologic disease	MK
9. Autoimmune disorders	MK
10. Alcohol, tobacco, and substance abuse	MK
11. Surgical abdomen	MK
12. Infectious diseases including: a. Syphilis b. TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes) c. Group B Streptococcus d. Hepatitis e. Human Immunodeficiency Virus (HIV) f. Human Papillomavirus (HPV) and other sexually transmitted infections	MK
g. Parvovirus h. Varicella	

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 16, pages 201-223

Educational Objective 18: Preeclampsia-Eclampsia

Rationale:

Preeclampsia-eclampsia syndrome accounts for significant morbidity and mortality in both the mother and the newborn.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define the types of hypertension in pregnancy	MK
B. Describe the pathophysiology of preeclampsia-eclampsia	MK
C. List risk factors for preeclampsia	MK
D. Recognize the signs and symptoms to diagnose preeclampsia-eclampsia	PC
E. Explain the management of a patient with preeclampsia-eclampsia	PC

F. List the maternal and fetal complications associated with preeclampsia-eclampsia	MK
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Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 14, pages 183-193

Educational Objective 19: Alloimmunization

Rationale:

The incidence of maternal D alloimmunization has decreased in the past few decades. Awareness of the red cell antigen-antibody system is important to help further reduce the morbidity and mortality from alloimmunization.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the pathophysiology and diagnosis of alloimmunization	MK
B. Describe the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization	MK
C. Discuss the management of a patient with Rh-D sensitization in pregnancy	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 15, Pages 194-200

Educational Objective 20: Multiple Gestation

Rationale:

Multifetal gestation imparts additional risks and complications to the mother and fetus which requires specialized care.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the risk factors for multifetal gestation	MK
B. Describe the embryology of multifetal gestation	MK
C. Describe the unique maternal and fetal physiologic changes associated with multifetal gestation	MK
D. Describe diagnosis and management of multifetal gestation	MK
E. Describe the potential maternal and fetal complications associated with multifetal gestation	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 13, Pages 170-182

Educational Objective 21: Fetal Demise

Rationale:

Antepartum stillbirth is a devastating pregnancy complication that may cause additional risks to the patient. Early medical management and support is warranted. Evaluation of fetal demise is needed to assess the risk to future pregnancies.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the symptoms and common causes of fetal demise in each trimester, including genetic and nutritional factors	MK
B. Describe the diagnosis methods to confirm the diagnosis and etiology of fetal demise	MK
C. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise	MK
D. Outline the steps to disclose a diagnosis of fetal demise to a patient	MK, PC
E. Identify factors unique to developing countries that may lead to fetal demise	MK, PC

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 12, Pages 155-169

Educational Objective 22: Abnormal Labor

Rationale:

Labor is expected to progress in an orderly and predictable manner. Careful observation of the mother and fetus during labor will allow for early detection of abnormalities so that management can be directed to optimize.

Learning Objectives	AOA Comp
A student should be able to:	
A. List abnormal labor patterns	MK
B. Describe the causes and methods of evaluating abnormal labor patterns	MK, PC
C. Discuss fetal and maternal complications of abnormal labor	MK
D. List indications and contraindications for oxytocin administration	MK, PC
E. Describe risks and benefits of trial of labor after Cesarean deliver	MK, PC, ICS
F. Discuss strategies for emergency management of breech presentation, shoulder dystocia, and cord prolapse	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 11, pages 147-154

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 9, pages 125-135

Educational Objective 23: Third Trimester Bleeding

Rationale:

Bleeding in the third trimester requires immediate patient evaluation. Thoughtful, prompt evaluation and management is necessary to reduce the threat to the lives of the mother and fetus.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the causes of third trimester bleeding	MK
B. Describe the initial evaluation of a patient with third trimester bleeding	MK, PC
C. Differentiate the signs and symptoms of third trimester bleeding	MK, PC
D. List the maternal and fetal complications of placenta previa and placental abruption	MK
E. Describe the initial evaluation and management plan for acute blood loss	MK, PC
F. List the indications and potential complications of blood product transfusion	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 10, pages 136-146

Educational Objective 24: Preterm Labor

Rationale:

Prematurity is one of the most common causes of neonatal morbidity and mortality. The reduction of preterm births remains an important goal in obstetric care.

Learning Objectives	AOA Comp
A student should be able to:	
A. Identify the modifiable and non-modifiable risk factors and causes for preterm labor	MK
B. Describe the signs and symptoms of preterm labor	MK
C. Describe the initial management of preterm labor	MK
D. List indications and contraindications of medications used in preterm labor	MK
E. List the adverse outcomes associated with preterm birth	MK
F. Describe the counseling for reducing preterm birth risk	ICS

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 12, pages 156-161

Educational Objective 25: Premature Rupture of Membranes

Rationale:

Rupture of the membranes prior to labor is a problem for both term and preterm pregnancies. Careful evaluation and management of this condition may improve fetal and maternal outcome.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the history, physical findings, and diagnostic methods to confirm rupture of membranes	MK, PC
B. Identify risk factors for premature rupture of membranes	MK
C. Describe the risks and benefits of expectant management versus immediate delivery, based on gestational age	MK
D. Describe the methods to monitor maternal and fetal status during expectant management	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 12, pages 161-163

Educational Objective 26: Intrapartum Fetal Surveillance

Rationale:

Intrapartum fetal surveillance helps evaluate fetal well-being.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the techniques of fetal surveillance	MK
B. Interpret intrapartum electronic fetal heart rate monitoring	PC

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 9, pages 125

Educational Objective 27: Postpartum Hemorrhage

Rationale:
Postpartum hemorrhage is a major, often preventable, cause of maternal morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the risk factors for postpartum hemorrhage	MK
B. Construct a differential diagnosis for immediate and delayed postpartum hemorrhage	MK, PC
C. Develop an evaluation and management plan for the patient with postpartum hemorrhage, including consideration of various resource settings	MK, PC, SBP

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 10, pages 140-141

Educational Objective 28: Postpartum Infection

Rationale:

Early recognition and treatment of postpartum infection decreases maternal morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the risk factors for postpartum infection	MK
B. List common postpartum infections	MK
C. Develop an evaluation and management plan for the patient with postpartum infection	MK, PC

Educational Objective 29: Anxiety and Depression

Rationale:

Pregnancy may be accompanied by anxiety and depression especially in the post-partum period. Recognition of psychological disturbance is essential for early intervention

Learning Objectives	AOA Comp
A student should be able to:	
A. List the risk factors for postpartum blues, depression and psychosis	MK
B. Differentiate between postpartum blues, depression and psychosis	MK, PC
C. Compare and contrast treatment options for postpartum blues, depression and psychosis	MK, PC
D. Recognize appropriate treatment options for mood disorders during pregnancy and lactation	MK, PC

Educational Objective 30: Post term Pregnancy

Rationale:

Perinatal morbidity and mortality increase significantly in a prolonged pregnancy. Prevention of complications associated with poster pregnancy is one of the goals of antepartum and intrapartum management.

Learning Objectives	AOA Comp
A student should be able to:	
A. Identify the normal duration of gestation	MK
B. List the complications of prolonged gestation	MK
C. Describe the evaluation and evidence-based management options for prolonged gestation	MK, PBLI

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 12, pages 167-168

Educational Objective 31: Fetal Growth Abnormalities

Rationale:

Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define macrosomia and fetal growth restriction	MK
B. Describe etiologies of abnormal growth	MK
C. List methods of detection for fetal growth abnormalities	MK
D. Describe the management of fetal growth abnormalities	MK
E. List the associated morbidity and mortality of fetal growth abnormalities	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 13, pages 170-182

UNIT 2: OBSTETRICS

SECTION C: OBSTETRIC PROCEDURES

Educational Objective 32: Obstetric Procedures

Rationale:

Knowledge of obstetric procedures is basic to the management and counseling of the pregnant patient.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the key components of preoperative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives)	MK, PC, ICS
B. Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications	MK
C. Describe key components of postoperative care	MK
D. Discuss common postoperative complications	MK
E. Describe the communication of operative findings and complications to patient and family	ICS

<p>F. Describe common outpatient and inpatient obstetrical procedures with their indications and possible complications:</p> <ol style="list-style-type: none"> 1. Ultrasound 2. Amniocentesis and chorionic villous sampling 3. Intrapartum fetal surveillance 4. Induction and augmentation of labor 5. Spontaneous vaginal delivery 6. Vaginal birth after Cesarean delivery 7. Operative vaginal delivery 8. Breech delivery 9. Cesarean delivery 10. Postpartum tubal ligation 11. Cerclage 12. Newborn circumcision 	<p>MK</p>
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Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 17, pages 224-235

Educational Objective 33: Family Planning

Rationale:

An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy.

Learning Objectives	AOA Comp
<p>A student should be able to:</p>	
<p>A. Describe the mechanisms of action and effectiveness of contraceptive methods</p>	<p>MK</p>
<p>B. Counsel the patient regarding the benefits, risks, and use for each contraceptive method including emergency contraception²</p>	<p>ICS</p>
<p>C. Describe barriers to effective contraceptive use and to reduction of unintended pregnancy</p>	<p>MK</p>
<p>D. Describe the methods of male and female surgical sterilization</p>	<p>MK</p>
<p>E. Explain the risks and benefits of female surgical sterilization procedures</p>	<p>MK, ICS</p>

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 27, pages 327-335

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Objective 34: Pregnancy Termination

Rationale:

Pregnancy termination is a reproductive option. Patients may consider it based on their personal life circumstances as well as in the setting of fetal anomalies or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance as well as techniques and complications.

Learning Objectives	AOA Comp
A student should be able to:	
A. Provide non-directive counseling to patients surrounding pregnancy including unintended pregnancy	ICS
B. List surgical and non-surgical methods of pregnancy termination	MK
C. Identify potential complications of pregnancy termination	MK
D. Describe the public health impact of the legal status of abortion	MK, SBP

Educational Objective 35: Vulvar and Vaginal Disease

Rationale:

Vulvar and vaginal conditions occur frequently, can be distressing, and may have serious consequences.

Learning Objectives	AOA Comp
A student should be able to:	
A. Formulate a differential diagnosis for vulvovaginitis	MK, PC
B. Interpret a wet mount microscope examination	MK, PC
C. Describe the variety of dermatologic disorders of the vulva	MK
D. Discuss the steps in the evaluation and management of a patient with vulvovaginal symptoms	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 18, pages 236-247

Educational Objective 36: Sexually Transmitted Infections (STI and Urinary Tract Infections (UTI)

Rationale:

Early recognition and treatment of urinary and pelvic infections may help prevent short and long-term morbidity. Prevention of sexually transmitted infections is a major public health goal.

Learning Objectives	AOA Comp
A student should be able to:	

A. Describe the guidelines for STI screening and partner notification/treatment	MK
B. Describe STI prevention strategies, including immunization	MK
C. Describe the symptoms and physical exam findings associated with common STIs.	MK, PC
D. Discuss the steps in the evaluation and management of common STIs including appropriate referral	MK
E. Describe the pathophysiology of salpingitis and pelvic inflammatory disease	MK
F. Describe the evaluation, diagnostic criteria, and initial management of salpingitis/pelvic inflammatory disease	MK
G. Identify possible long-term sequelae of salpingitis/pelvic inflammatory disease	MK
H. Describe the diagnosis and management of UTIs	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 22, pages 276-290

Educational Objective 37: Pelvic Floor Disorders

Rationale:

Pelvic organ prolapse, urinary incontinence and anal incontinence (pelvic floor disorders) are increasingly common with the aging of the U.S. population. These conditions have a major impact on a woman's quality of life.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe normal pelvic anatomy and pelvic support	MK
B. List risk factors for pelvic floor disorders	MK
C. Describe signs and symptoms of pelvic floor disorders	MK
D. Differentiate the types of urinary incontinence	MK
E. Discuss the steps in evaluation of pelvic floor disorders	MK
F. Describe the anatomic changes associated with pelvic floor disorders	MK
G. Describe non-surgical and surgical management options for pelvic floor disorders	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 23 pages 291-303

Educational Objective 38: Endometriosis

Rationale:

Endometriosis may result in pelvic pain, infertility, and menstrual dysfunction

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe theories of pathogenesis of endometriosis	MK
B. List the most common sites of endometriosis	MK
C. Describe the symptoms and physical exam findings in a patient with endometriosis	MK
D. Describe the diagnosis and management options for endometriosis	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 25 pages 314-321

Educational Objective 39: Chronic Pelvic Pain

Rationale:

Chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define chronic pelvic pain	MK
B. Define prevalence and common etiologies of chronic pelvic pain	MK
C. Describe the symptoms and physical exam findings in a patient with chronic pelvic pain	MK
D. Discuss evaluation and management options for chronic pelvic pain	MK
E. Discuss the psychosocial issues associated with chronic pelvic pain	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 21, pages 266-275

UNIT 3: GYNECOLOGY
SECTION B: DISORDERS OF THE BREAST

Educational Objective 40: Disorders of the Breast

Rationale:

Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.

Learning Objectives	AOA Comp
A student should be able to:	
A. List factors that place individuals at risk for breast disorders	MK
B. Describe symptoms and physical examination findings of benign or malignant conditions of the breast	MK
C. Demonstrate the performance of a clinical breast examination	PC
D. Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge	MK, PC
E. Discuss initial management options for benign and malignant conditions of the breast	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed., Chapter 30, pages 348-355

UNIT 3: GYNECOLOGY
SECTION C: PROCEDURES

Educational Objective 44: Gynecologic Procedures

Rationale:

Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of these procedures is important in counseling patients about their treatment options.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the key components of pre-operative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives)	MK, PC
B. Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications	MK
C. Describe the components of postoperative care	MK
D. Discussion common postoperative complications	MK

E. Describe the communication of operative findings and complication to patient and family	ICS
F. Describe the key members of an operating room team	SBP
G. Describe key components of a preprocedural or preoperative time out.	MK
H. Understand how surgical management can emotionally impact a patient and her family	P
I. Describe common outpatient and inpatient gynecologic procedures with their indications and possible complication <ol style="list-style-type: none"> 1. Pelvic ultrasonography 2. Colposcopy and cervical biopsy 3. Excisional procedures of the cervix 4. Vulvar biopsy 5. Endometrial biopsy 6. IUD insertion and removal 7. Contraceptive implant placement and removal 8. Dilatation and curettage 9. Hysterosalpingogram 10. Hysteroscopy 11. Laparoscopy 12. Tubal ligation 13. Hysterectomy and bilateral salpingo-oophorectomy 14. Pregnancy termination 	MK
J. Demonstrate the ability to complete procedural tasks <ol style="list-style-type: none"> 1. Sterile technique 2. Foley catheter insertion 3. Basic suturing 4. Knot tying 	PC

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 31 pages 356-369

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Objective 42: Puberty

Rationale:

Puberty consists of physical and emotional changes associated with the maturing of the reproductive system. In order to provide appropriate care and counseling, the physician must have an understanding of normal puberty, and recognize deviation from normal.

Learning Objectives A student should be able to:	AOA Comp
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A. Describe the changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty	MK
B. Explain the normal sequence of pubertal events and ages at which these changes occur	MK
C. Discuss the psychological issues associated with puberty	MK, P
D. Define precocious and delayed puberty and describe the steps in the initial evaluation of these conditions.	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 32, pages 370-379

Educational Objective 43: Amenorrhea

Rationale:

The absence of menstrual bleeding may represent an anatomic or endocrine etiology. A systematic approach to the evaluation of amenorrhea will aid in the diagnosis and treatment of its cause.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define amenorrhea and oligomenorrhea	MK
B. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea, including possible nutritional causes	MK
C. Describe associated symptoms and physical examination findings of amenorrhea	MK
D. Discuss the steps in the evaluation and initial management of amenorrhea and oligomenorrhea	MK
E. Describe the consequences of untreated amenorrhea and oligomenorrhea	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 33, pages 380-394

Educational Objective 44: Hirsutism and Virilization

Rationale:

Androgen excess causes short and long-term morbidity and may represent serious underlying disease.

Learning Objectives	AOA Comp
A student should be able to:	
A. Recognize normal variations and abnormalities in secondary sexual characteristics	MK, PC
B. Define hirsutism and virilization	MK

C. Describe pathophysiology and identify etiologies of hirsutism	MK
D. Describe the steps in the evaluation and initial management options for hirsutism and virilization	MK
E. Describe how hirsutism and virilization are manifested in other medical disorders	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 33, pages 380-394

Educational Objective 45: Normal and Abnormal Uterine Bleeding

Rationale:

The occurrence of bleeding at times other than expected menses is common. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define the normal menstrual cycle and describe its endocrinology and physiology	MK
B. Define abnormal uterine bleeding	MK
C. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding	MK
D. Describe the steps in the evaluation and initial management of abnormal uterine bleeding	MK
E. Summarize medical and surgical management options for patients with abnormal uterine bleeding	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 31, pages 356-369

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 33, pages 380-394

Educational Objective 46: Dysmenorrhea

Rationale:

Dysmenorrhea is a common and sometimes debilitating condition in reproductive age women. Accurate diagnosis guides effective treatment.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define dysmenorrhea and distinguish primary from secondary dysmenorrhea	MK
B. Describe the pathophysiology and identify the etiologies of dysmenorrhea	MK
C. Discuss the steps in the evaluation and management of dysmenorrhea	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 21, pages 266-276

Educational Objective 47: Menopause

Women may spend much of their lives in the postmenopausal years. Physicians should understand the physical and emotional changes caused by menopause.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define menopause and describe changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause	MK
B. Describe symptoms and physical exam findings related to perimenopause/menopause	MK, PC
C. Discuss management options for patients with perimenopausal/menopausal symptoms	MK
D. Counsel patients regarding the menopausal transition	ICS
E. Discuss long-term changes associated with menopause	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 35, pages 406-413

Educational Objective 48: Infertility**Rationale:**

The evaluation and management of an infertile couple requires an understanding of the processes of conception and embryogenesis, as well as sensitivity to the emotional stress that can result from the inability to conceive.

Learning Objectives	AOA Comp
A student should be able to:	
A. Define infertility	MK
B. List the causes of male and female infertility	MK
C. Describe the evaluation and initial management of an infertile couple	MK
D. Describe the psychosocial issues associated with infertility	MK, P
E. Describe management options for infertility	MK
F. Describe ethical issues confronted by patients with infertility	MK, P
G. Identify the impact of genetic screening and testing on infertility associated treatments	MK, P

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 34, pages 395-405

Educational Objective 49: Premenstrual Syndrome (PMS and Premenstrual Dysphoric Disorder (PMDD)

PMS and PMDD involves physical and emotional discomfort. Effective management of this condition requires an understanding of symptoms and diagnostic methods

Learning Objectives	AOA Comp
A student should be able to:	
A. Identify the criteria for making the diagnosis of PMS and PMDD	MK
B. Describe treatment options for PMS and PMDD	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 36, pages 414-419

UNIT 5: NEOPLASIA

Educational Objective 50: Gestational Trophoblastic Neoplasia (GTN)

Rationale:

Early recognition and proper management of molar pregnancy can reduce morbidity and mortality associated with gestational trophoblastic neoplasia.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the symptoms and physical examination findings of a patient with GTN including molar pregnancy	MK
B. Describe the diagnostic methods, treatment options and follow-up for GTN including molar pregnancy	MK
C. Recognize the difference between molar pregnancy and malignant GTN	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 42, pages 465-472

Educational Objective 51: Vulvar Neoplasms

Rationale:

Early recognition and proper evaluation of vulvar neoplasms can reduce morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. List risk factors for vulvar neoplasm	MK
B. Describe the symptoms and physical examination findings of a patient with vulvar neoplasms	MK
C. List the indications for vulvar biopsy	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 40, pages 449-456

Educational Objective 52: Cervical Disease and Neoplasia

Rationale:

Early recognition and proper evaluation of pre-invasive cervical disease and cancer can reduce morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the pathogenesis of cervical cancer	MK
B. List the risk factors for cervical neoplasia and cancer	MK
C. List the guidelines for cervical cancer screening	MK
D. Describe the initial management of a patient with an abnormal Pap test	MK
E. Describe the symptoms and physical findings of a patient with cervical cancer	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 38, pages 429-439

Educational Objective 53: Uterine Leiomyoma

Rationale:

Uterine leiomyomas represent the most common gynecologic neoplasm and often lead to medical and surgical intervention.

Learning Objectives	AOA Comp
A student should be able to:	
A. Cite the prevalence of uterine leiomyoma	MK
B. Identify symptoms and physical findings in patients with uterine leiomyoma	MK
C. Describe the diagnostic methods to confirm uterine leiomyomas	MK
D. Describe the management options for the treatment of uterine leiomyomas	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 41, pages 457-464

Educational Objective 54: Endometrial Hyperplasia and Carcinoma

Rationale:

Endometrial carcinoma is the most common gynecologic malignancy. Early recognition and proper evaluation of endometrial hyperplasia and cancer can reduce morbidity and mortality.

Learning Objectives	AOA Comp
A student should be able to:	
A. List the risk factors for endometrial hyperplasia/cancer	MK

B. Describe the symptoms and physical findings with endometrial hyperplasia/cancer	MK
C. Outline the causes, diagnosis, and management of postmenopausal bleeding	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 41, pages 457-464

Educational Objective 55: Ovarian Neoplasms

Rationale:

Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Appropriate evaluation is essential in the differentiation between benign and malignant neoplasms.

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe the initial management of a patient with an adnexal mass	MK
B. Compare the characteristics of functional cysts, benign ovarian neoplasms and ovarian cancers	MK
C. List the risk factors and protective factors for ovarian cancer	MK
D. Describe the symptoms and physical findings associated with ovarian cancer	MK
E. Describe the three histological categories of ovarian neoplasms	MK

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 39, pages 440-448

Educational Objective 56: Sexuality and Modes of Sexual Expression

Rationale:

All physicians should be able to provide a preliminary assessment of patients with sexual concerns and make referrals when appropriate.

Learning Objectives	AOA Comp
A student should be able to:	
A. Obtain a sexual history, including sexual function and sexual response	PC, ICS
B. Describe the physiology of the female sexual response	MK
C. Describe the common patterns of female sexual dysfunction	MK
D. Identify the physical, psychological and societal impact on female sexual functions	P, SBP

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 28, pages 336-342

Educational Objective 57: Sexual Assault Rationale:

Individuals who are the victims of sexual assault often have significant physical and emotional sequelae. Early medical management and patient support is warranted.

Learning Objectives	AOA Comp
A student should be able to:	
A. Identify patients at increased risk for sexual assault	PC
B. Describe the medical and psychosocial management of a victim of sexual assault	MK, PC, P, SBP

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 29, pages 343-347

Educational Objective 58: Intimate Partner Violence**Rationale:**

Intimate partner violence affects women irrespective of socioeconomic status. All physicians should screen for intimate partner violence.

Learning Objectives	AOA Comp
A student should be able to:	
A. Cite prevalence and incidence of violence against women, elder abuse, and child abuse	MK
B. Screen a patient for intimate partner violence	PC, ICS
C. Summarize the available resources for a victim of intimate partner violence including short-term safety	SBP

Reading Suggestions:

Essentials of Obstetrics and Gynecology, Hacker & Moore, 6th Ed. Chapter 29, pages 343-347

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE**Educational Objective 59: Introduction to Osteopathic Principles in Obstetrics and Gynecology**

Learning Objectives	AOA Comp
A student should be able to:	
A. List the basic tenets of Osteopathic medicine	IOO
B. Define somatic dysfunction in terms of Tenderness, Asymmetry, Restriction of motion, and/or Tissue texture changes (TART)	OPP, MK
C. Describe a structural exam of the female	OPP, MK, PC

D. Perform the different types of Osteopathic Manipulative Treatments (OMT) commonly used in women's health care including	OPP, PC
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<ol style="list-style-type: none"> 1. High Velocity/Low Amplitude 2. Muscle energy 3. Myofacial Release 4. Osteopathy in the Cranial field 5. Strain/counterstrain 6. Soft Tissue/Articulatory Techniques 7. Lymphatic treatment 8. Balanced ligamentous tension 9. Facilitated positional release 10. Progressive inhibition of neuromuscular structures 11. Functional technique 12. Visceral manipulation 13. Still technique 	
E. Identify evidence supporting the use of OMT in ob-gyn	OPP, PBLI

Educational Objective 60: Osteopathic History Taking

Learning Objectives	AOA Comp
A student should be able to:	
A. Obtain a comprehensive women’s musculoskeletal history (e.g. scoliosis, musculoskeletal traumas, biomechanical factors that may have influence on pregnancy and outcome of pregnancy)	OPP, PC
B. Assess the patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction	OPP, PC, ICS, HPDP
C. Obtain a thorough social history including assessment of psychosocial support	PC, ICS, HPDP

Educational Objective 61: Osteopathic Structural Exam

Learning Objectives	AOA Comp
A student should be able to:	
A. Perform an accurate osteopathic structural exam of the female patient	PC
B. Identify areas of somatic dysfunction	PC
C. Document all findings accurately in the patient chart including <ol style="list-style-type: none"> 1. TART findings 2. Specific somatic dysfunctions 3. Spinal curves or postural influences 	PC

Educational Objective 62: Osteopathic Diagnosis and Management Plan

Learning Objectives	AOA Comp
A student should be able to:	
A. Include somatic dysfunction as a part of the differential diagnosis when appropriate	OPP, MK
B. Incorporate OMT approaches as indicated	OPP, PC
C. Explain the indications and contraindications to osteopathic manipulative medicine (OMM) in pregnancy and women’s care	OPP, MK

Educational Objective 63: Osteopathy in Obstetrics

Learning Objectives	AOA Comp
A student should be able to:	
A. Describe how musculoskeletal, postural and biomechanical factors affect fertility	OPP, MK
B. Identify patients that may benefit from treatment of somatic dysfunction before pregnancy including patients with <ol style="list-style-type: none"> 1. Short leg syndrome 2. Chronic pelvic pain 3. Chronic low back pain 	OPP, MK, PC
C. Discuss maternal musculoskeletal/structural changes associated with pregnancy	OPP, MK
D. Describe how osteopathic manipulation may affect the physiology of pregnancy	OPP, MK
E. Perform musculoskeletal, postural and biomechanical screening exams throughout prenatal care	OPP, PC
F. Perform the treatments for common somatic dysfunction in pregnancy including <ol style="list-style-type: none"> 1. Round ligament syndrome 2. Pubic shear 3. Carpal tunnel syndrome 4. Low back pain 	OPP, PC
G. Prepare the female pelvis for delivery via OMM in the third trimester	PC
H. Discuss the normal and abnormal structural, musculoskeletal, and biomechanical changes of the postpartum period including	MK

<ol style="list-style-type: none"> 1. Involution of the uterus and how it affects pelvic structures 2. Persistent low back pain after pregnancy 	
<ol style="list-style-type: none"> I. Describe the common somatic dysfunction of the postpartum period and describe their corresponding OMT <ol style="list-style-type: none"> 1. Symphysis diaphysis 2. Sacroiliac dysfunction 3. Pubic shear 4. Low back pain 5. Breast engorgement and mastitis 6. Postpartum depression 	OPP, MK

Educational Objective 64: Osteopathy in Gynecology

Learning Objectives	AOA Comp
A student should be able to:	
<ol style="list-style-type: none"> A. Diagnose somatic dysfunction as a possible etiology for acute pelvic pain including <ol style="list-style-type: none"> 1. Iliosoas dysfunction 2. Pubic shear <ol style="list-style-type: none"> a. Vertical b. Anterior-Posterior 3. Sacroiliac dysfunction 4. Sacral Torsion 5. Myofascial strains 6. Restrictions of the pelvic diaphragm 	OPP, PC
<ol style="list-style-type: none"> B. Describe the musculoskeletal, structural, and biomechanical factors that may be associated with chronic pelvic pain 	OPP, MK
<ol style="list-style-type: none"> C. List appropriate uses of OMT to manage both acute and chronic pelvic pain 	OPP, MK
<ol style="list-style-type: none"> D. Identify possible tissue changes that are not visible by imaging for patients with a history of sexual abuse 	OPP, MK
<ol style="list-style-type: none"> E. Describe ways OMM can help prepare a patient for surgical gynecologic procedures 	OPP, MK
<ol style="list-style-type: none"> F. Discuss ways OMT can be used to decrease need for analgesics in the postoperative period 	OPP, MK
<ol style="list-style-type: none"> G. Perform OMT for the postoperative conditions that have been shown to benefit <ol style="list-style-type: none"> 1. Ileus 2. Edema 	OPP, PC

Required Didactics and Assignment

A handout of the required didactics schedule, required meetings, and study assignments will be provided to you at orientation.

Student Didactics are held every Tuesday morning.

Included in the didactic schedule in a link to the APGO website:

https://www.youtube.com/playlist?list=PLY35JKgvOASnHHXni4mjXX9kwVA_YMDpg

Institute for Healthcare Improvement (IHI.org) Open School

Each student is required to complete the following:

PS2-How to Improve With the Model for Improvement?

Students are required to upload the completion certificate to Canvas

EVALUATION AND GRADING

Evaluation is an important part of any educational experience. The most important part of the evaluation process is the feedback the student receives during the learning process. The pass/fail grade you receive will be based on your performance in four basic areas:

Component	Minimum Required Score
Clerkship Evaluation	Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Simulation/Skills Assessment	Completion certified by attending physician
Weekly Quizzes	Minimum score of 70 on each quiz
IHI Open School Modules - PS2	Must Complete and upload into Canvas
NBOME COMAT Subject Exam	Scaled score of 70 or above

Students must achieve the minimum required score in each component area to pass the course.

Honors in Core Clerkships

Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- *Score 91 or above on the COMAT exam for that clerkship. The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.*
- *Achieve an "Exceeds Expectation" on at least one of their clinical evaluation competency areas.*
- *Do not have a "Below Expectation" on any clinical evaluation competency area.*
- *Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.*

The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

A mid-rotation feedback interview may be conducted by your clinic director. This is a formative evaluation and is for the purpose of giving you a "progress report" or clinical preceptor feedback of your clinical performance up to that time. Any deficiencies will be pointed out to you at that time

The department will counsel with students who are borderline or not passing at the mid-rotation evaluation. We would hope this would allow the student ample time to improve his/her performance in the ensuing weeks. Any student receiving a "failing" grade will be required to come before the Student Performance Committee and may be asked to remediate the clerkship as described in the *"Uniform Policies and Procedures for Clinical Clerkships"*.

Written comments are considered vital to the final evaluation and should be included as part of the clinical evaluation given by the supervising faculty. The Clerkship Director, in consultation with the supervising faculty will determine the final course grade.

At the end of the rotation, your preceptor should go over your clinical performance. A standardized form developed by Clinical Education will be utilized to grade your clinical performance.

An NBOME comprehensive subject exam (COMAT) will be given on the final day of the rotation. This will be administered by the Department of Testing & Evaluation Services. A scaled score of 70 or greater is required on the COMAT exam to pass the clerkship.



TEXAS COLLEGE OF OSTEOPATHIC MEDICINE
Department of Obstetrics and Gynecology
Mid-cycle Evaluation

Date: _____

Student: _____

This evaluation serves the purpose of formal feedback for the completion of your first three weeks on the OB/GYN Clerkship.

Feedback from Pink Cards

Supervising Physician to Address Strengths and Areas for Improvement:

Student's Specific Strengths:

Student's Specific Areas for Improvement:

Goals for Remainder of Clerkship:

Physicians Signature: _____

Student Signature: _____

University of North Texas Health Science Center
Texas College of Osteopathic Medicine
Clinical Clerkship Evaluation

PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE

Comments required for below expected or beyond expected.

1- Osteopathic Principles -			
<input type="checkbox"/> Below expected The student does not regularly consider OPP/OMM in patient care.	<input type="checkbox"/> Expected The student considers OPP/OMT in the evaluation and treatment of the patient. They can develop osteopathic differential diagnoses when appropriate	<input type="checkbox"/> Beyond expected The student applies holistic care, performs osteopathic structural and sympathetic reflex examinations and employs manipulative treatment as necessary	<input type="checkbox"/> Not Observed

Comments:

2- Medical Knowledge -			
<input type="checkbox"/> Below expected The student has a deficient knowledge base for their level of training. They are unable to apply clinical skills to patient care. They struggle to develop appropriate differential diagnoses.	<input type="checkbox"/> Expected Student <i>demonstrates</i> adequate knowledge base for specialty & level of training. Able to <i>apply</i> their knowledge clinically & <i>perform</i> skills appropriate for their level. Can <i>identify</i> differential & <i>use</i> investigative thinking clinically.	<input type="checkbox"/> Beyond expected The student demonstrates a superior fund of knowledge for their level of training. They regularly perform skills most others do not at this level. Their differential diagnoses are beyond what would be normally expected at this level.	<input type="checkbox"/> Not Observed

Comments:

3- Patient Care -			
<input type="checkbox"/> Below expected The student struggles with time management when interacting with patients. History & physical skills are not developed. Cannot reliably formulate differential diagnoses, treatment plans. There is no attempt to address wellness and prevention.	<input type="checkbox"/> Expected Student is reliably timely & evaluates patients appropriately with history & physical exam. Can develop thoughtful treatment & management plans. Aware of the importance of wellness & prevention but incorporates it irregularly with patients.	<input type="checkbox"/> Beyond expected Student always <i>evaluates</i> patients in a timely fashion, <i>performs</i> an appropriate H&P exam, can <i>prepare</i> & <i>carry out</i> treatment & management plans. <i>Provides</i> wellness counseling to patients & <i>promote</i> disease prevention.	<input type="checkbox"/> Not Observed

Comments:

4- Professionalism -			
<input type="checkbox"/> Below expected The student has demonstrated unprofessional behavior with little insight or remorse. They do not apply cultural awareness. Their actions are concerning for their future dependability.	<input type="checkbox"/> Expected The student <i>applies</i> ethical standards to patient care, <i>demonstrates</i> respect for cultural diversity. They <i>demonstrate</i> concern for others and <i>exhibit</i> dependable, self-directed action.	<input type="checkbox"/> Beyond expected The student advocates for quality care. They are highly self-directed and dependable.	<input type="checkbox"/> Not Observed

Comments:

5- Interpersonal and Communication Skills -			
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<input type="checkbox"/> Below expected The student has difficulty communicating effectively with patients and others. They do not, or are unable to document appropriately in the medical record.	<input type="checkbox"/> Expected The student can <i>communicate</i> effectively with the patient and their family, other members of the healthcare team, and can <i>document</i> appropriately in the medical record.	<input type="checkbox"/> Beyond expected The student is an excellent communicator with patients and others. They document completely in the medical record, beyond what would be expected at their level of training. They employ empathic care for patients and	<input type="checkbox"/> Not Observed
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Comments:

6- Practice-Based Learning and Improvement -

<input type="checkbox"/> Below expected The student does not try to employ evidence based medicine. They do not receive or give feedback in an appropriate manner.	<input type="checkbox"/> Expected The student can discuss current evidence but may not regularly apply it. They are developing their skills when it comes to giving and receiving feedback.	<input type="checkbox"/> Beyond expected The student regularly <i>applies</i> current evidence to patient management. The student <i>solicits</i> and <i>provides</i> feedback as appropriate.	<input type="checkbox"/> Not Observed
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Comments:

7- Systems-Based Practice -

<input type="checkbox"/> Below expected There is no consideration of safe, cost-effective care. They struggle to work with others effectively for the benefit of patients.	<input type="checkbox"/> Expected The student <i>demonstrates</i> a basic level of cost-effective patient care. They are aware of and can <i>promote</i> community resources and can <i>participate</i> in a team environment.	<input type="checkbox"/> Beyond expected The student demonstrates an advanced level of safe, cost-effective care. They can assume multiple roles within the healthcare team as needed. They seek out community resources in order to benefit patients.	<input type="checkbox"/> Not Observed
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Comments:

General Comments

Number of Days Absent _____

You may return this evaluation form via the following: UNTHSC/TCOM

Mail:
Office of Clinical Education
3500 Camp Bowie Blvd.
Fort Worth, TX 76107

Fax:
Office of Clinical Education
817-735-2456

Email:
clinicaleducation@unthsc.edu

ROTATION SITES

DFW AREA

JOHN PETER SMITH HOSPITAL

1500 South Main Street
Fort Worth, TX 76104
John Peter Smith Switchboard 817-921-3431
John Peter Smith Department of Ob/Gyn 817-702-3008
Labor and Delivery JPS 817-702-1060
HCW Main Street 817-702-6500
HCW Arlington Clinic 817-702-8250
HCW Northwest Clinic 817-702-8650

HARRIS METHODIST HOSPITAL

Main Number 817-250-2000
Labor & Delivery 817-250-2010
Ob/Gyn Office 817-702-9000

Contact Person	Carolyn Anderson	817-735-5455
Faculty	Jackie Garda, D.O. (Clerkship Director)	
	Melchor Boone, M.D.	
	Stephanie Carson-Henderson, MD	
	Khoi Chu, M.D.	
	Shanna Combs, MD	
	Kathleen Crowley, M.D.	
	Frank DeLeon, M.D.	
	Peter Elliott, M.D.	
	Kellie Flood-Shaffer, M.D.	
	Kollier Hinkle, M.D.	
	Christine Hoang, M.D.	
	Christopher Kliethermes, M.D.	
	Tim Kremer, M.D.	
	Gennady Miroshnichenko, M.D.	
	Demequa Moore, M.D.	
	David Moreland, M.D.	
	Joseph Pallone, M.D.	
	Tracy Papa, D.O.	
	Rose Simonian, M.D.	
	Manhan (Andy) Vu, D.O.	

Nurse Midwives

Hannah Diamond, C.N.M., Instructor
Kathleen Donaldson, C.N.M., Instructor

Lindsay Griffith, C.N.M., Instructor
Alison Hartwell, C.N.M., Instructor
Candis Hicks, C.N.M., Instructor
Katie Hopkins, C.N.M., Instructor
Summer Okimoto, C.N.M., Instructor

Nurse Practitioners

Folashade Asekun, N.P. Instructor
Sarah Clifford, N.P., Instructor
Leah Creamer, N.P. Instructor
Robin Davis, N.P. Instructor
Rachel Fanous, N.P. Instructor
Misty Graham, N.P. Instructor
Rachel Hyde, N.P. Instructor
Victoria Klein-Olarte, N.P. Instructor
Sheila Larson, N.P. Instructor
Tania Lopez, N.P. Instructor
Carol May, N.P. Instructor
Megan Monroe-Ramos, N.P. Instructor
Dana Patterson, N.P. Instructor
Bindu Poudel, N.P. Instructor
Ashley Schwartz, N.P., Instructor

BAYLOR ALL SAINTS HOSPITAL

1400 8th Avenue
Fort Worth, TX 76104

Contact Person	Mary Biggers
Faculty	Alan Johns, M.D. (Contact) Royce Barrington, M.D. Danielle Burkett, D.O. Michael England, M.D. Jamie Erwin, M.D. Sunny Glenn, M.D. James Herd, M.D. Michael Gerry Hoffman, M.D. Ingrid Kohlmorgen, M.D. Beatrice Kutzler, M.D. Alicia Larsen, M.D. Rachel Lusby, M.D. Emily Maas, M.D. William Maxwell, M.D.

Martin Read, M.D.
Robert Zwernemann, M.D.

BAY AREA CORPUS CHRISTI MEDICAL CENTER

7101 So. Padre Island Drive
Corpus Christi, TX 78412

Contact Person	Deborah Wills	361-761-3540
Faculty	Ivonne Hinojosa, MD Steven Gates, MD	

CHRISTUS SPOHN HOSPITAL MEMORIAL

2222 Morgan #114
Corpus Christi, TX 78405

Contact Person	Belinda "Bel" Flores, RN, BHA	361-888-7523
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CONROE MEDICAL EDUCATION FOUNDATION

704 Old Montgomery Road
Conroe, TX 77301

Contact Person	Gretchen Smith	936-523-5247
Faculty	Yvette Gordon, MD Mark Nichols, MD RaNae Stanton, MD Daniel Porter, MD	

LONGVIEW – GOOD SHEPHERD MEDICAL CENTER

700 E. Marshal Ave.
Longview, TX 75601

Contact Person	Lacie Harvey	903-315-1696
Faculty	Christopher Mason, MD	

WEATHERFORD REGIONAL MEDICAL CENTER

713 E. Anderson Street
Weatherford, Texas 76086

Contact Person	Aurea Baez-Martinez	682-582-2922
Faculty	Tim Tarkenton, MD	

GENERAL RESPONSIBILITIES

Specific orientation for clinic procedures will be given at your individual clinics. Please refer to your schedules for specific details.

General Responsibilities

1. Clinic Hours

Patient care hours and schedules **vary from clinic to clinic**. You are expected to arrive at your assigned clinic no later than one-half hour before the first scheduled patient. This will allow you to tend to any charting, messages, lab results, or other duties and be ready to see your first patient on time.

2. Patient Visits

During the patient visit, the student is responsible for:

- Obtaining an appropriate history and physical. This may be very comprehensive or problem focused, depending on the situation.
- Evaluation of pertinent diagnostic tests.
- Presenting every patient to the faculty supervisor prior to finalizing management plans.
- After appropriate consultation with the faculty supervisor, initiate all necessary treatment and management.

3. Medical Record

The medical record is a vital part of maintaining a continuity relationship with the patient and being able to provide a preventative approach to the health care of your patients.

Updating the medical record each visit is expected of all students. This will include:

- Chronic and acute problem lists
- Medication lists
- Immunization status
- Health maintenance charts

All records should be completed the day of the visit and no medical record shall be removed from the clinic.

- #### 4. Diagnostic Test Laboratory, x-ray, and other diagnostic tests should be viewed as a means to confirm or rule out pathological conditions suspected on the basis of your clinical evaluation. Learning cost-effective health care is an essential part of your medical education. You should be able to justify each test you order. If you cannot give sound reasoning as to why the test should be done, perhaps it is an unnecessary test. **All tests should be approved by the faculty supervisor** prior to ordering or doing them.

Specific orientation on how to order lab and x-rays will be given at the clinic site. You must be specific and follow protocol. There are several managed health care plans that have specific rules. These must be followed. Ask the nursing staff at your clinic if you are unsure of what to do.

5. Lab Procedures Available at the Clinic Site.

What lab procedures are done at the clinic is dependent on whether or not CLIA approval has been obtained. All of the UNTHSC clinics are CLIA approved. At the end of the rotation the student should be proficient in performing the following tests:

- Urinalysis.
- Wet mount.
- KOH prep.
- Urine pregnancy test.
- Finger stick glucose, PT/INR, HgbA1c.
- Obtaining specimens for various cultures.

6. Writing Prescriptions

All prescriptions must be signed by a supervising licensed physician. Keep them in your pocket. Students **may not** call in prescriptions to the pharmacy.

7. Referrals

If you feel that your patient would benefit from a referral to another specialist, you must have pre-approval by the supervising physician. He/she will review with you whether there is sufficient data on the patient's problem, and see if you have done a sufficient work-up before sending the patient to a consultant. It is your responsibility to arrange the consultations on your patients. You will be given specific orientation at each clinic site. There are specific rules to follow and these will vary according to the type of insurance or managed care plan the patient has.

After making the appropriate arrangements for a consultation, the student will be expected to complete a referral form, which shall include all appropriate clinical information necessary to assure continuity of care. This includes copies of all appropriate labs, x-ray and other reports. We encourage the student doctor, whenever possible, to accompany the patient to the consultant in order to determine first-hand what is offered the patient in the way of care. When making the arrangements, ask the consultant's staff if it would be permissible for you to accompany your patient. You are expected to do this as part of the educational experience of this

clerkship. Your clinical staff will cooperate in giving appropriate time away from the clinic for this educational activity.

GENERAL GUIDELINES

Attendance Policy

The Department of OB-GYN expects 100% attendance at all required clinics, rounds, meetings and assigned functions. Students are required to strictly adhere to the attendance policies described in *“Uniform Policies and Procedures for Clinical Clerkships”*. Failure to do so may result in disciplinary action.

ATTENDANCE (per the *“Uniform Policies and Procedures for Clinical Clerkships”*)

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. Students may not miss the first day of any clinical rotation. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances the following policies will be observed:

All absences are subject to approval by the clerkship director. Even if the absence is approved, the clerkship director or preceptor may require an additional assignment or for time to be made up from any student who misses time on their service. Make up days should be completed within the regularly scheduled rotation.

COMLEX PE exam absences- Students are allowed 1 day for travel to the exam, the test day, and an additional day for return travel. Absence requests beyond this may be denied by the Clerkship Director, Assistant Dean for Clinical Education, or the Director of Clinical Education. You may not schedule your COMLEX PE exam on a date which causes you to miss the orientation day for a rotation.

All absences shall require submission of a Request for Absence from Clerkship form a minimum of 45 days in advance for planned absences and within three days of students' return from absence in the case of an individual or family emergency. If absence is due to medical issues, a physician's note is required, the dates must match those missed and may not be signed by a member of the student's family. That form is available either on-line or in the Office of Clinical Education. There may be instances where board examinations are scheduled and the 45-day advanced request is not possible. In this circumstance, the course director will have the option to approve this absence.

Unapproved absence or absence in excess of the above policy may require remediation or result in a failing grade at the discretion of the clerkship director/ Office of Clinical Education.

Absence of 5 days or more during any 4-week rotation (or any 4 weeks of an 8-week rotation) or absence of 7 days or more for 6-week rotations will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.

Failure to notify the clerkship director or rotation supervisor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Students may be granted approval for absence by the Associate Dean for Academic Affairs for participation in select Health Science Center Activities. Such approval must be obtained in advance with written notification to the clerkship director. Please review the individual syllabi for additional attendance requirements.

APPLICABLE POLICIES

Professionalism and Ethics

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

Problem Patients

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

Availability

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

Equipment

Carry your stethoscope with you during clinic hours.

Courtesy Visits

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your clinic. Do not see your classmates or fellow students informally. They must register with the front desk. Under no circumstances are you to discount any charges without the approval of the supervising faculty.

Exposure to Blood Borne Pathogens

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered to be at risk of occupational exposure to blood borne diseases can be found at <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>

Blood borne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in human (e.g. HBV, HIV, etc). Exposure Incident means “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials.” Contact can occur via a splash, needle stick, puncture/cut, wound from sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions; pleural pericardial, synovial peritoneal, cerebral spinal, amniotic fluid; saliva during dental procedures; and other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to blood borne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- It is critical that you are treated within the first two hours after injury.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses)
- If facility is not equipped to handle exposure, contact Harris Occupational Health Clinic (HOH) or appropriate remote site location listed below.
- If HOH or remote listed site is not available, or you are more than 30 minutes from campus, go to the nearest ER and use your student health insurance.
- You are required to notify Student Health of any care received at another facility.

Dallas Fort Worth & Weatherford Area student with exposures to blood borne pathogens which occur M-F, 8-5 should report to:

Harris Occupational Health
1651 W. Rosedale, Ste. 105
Fort Worth, TX 76104
T: 817-250-4840 F: 817-878-5250

For exposures occurring after hours, students should report to the nearest emergency room and use your student health insurance.

Conroe remote students with exposures to blood borne pathogens which occur M-F, 8-5 should

report to the Nurse Manager at:

Lone Star Family Health Center
605 S. Conroe Medical Dr.
Conroe, TX 77304
936-539-4004

For exposures occurring afterhours, students should report to:

Emergency Department
Conroe Regional Medical Center
504 Medical Center Dr.
Conroe, TX 77304
936-539-1111

Longview remote site students with exposures to blood borne pathogens which occur M-F, 8-5 should report to:

CHRISTUS Good Shepherd Medical Center Employee Health
4621 N 4th ST. Suite 1
Longview, TX 75601
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department
CHRISTUS Good Shepherd Medical Center
700 E. Marshall Ave.
Longview, TX 75601
903-315-2000

Corpus remote site students with exposure to blood borne pathogens should report to:

Christus Spohn
OCC Health Nurse at Christus Spohn
Also immediately report to your attending and Dr. Hinojosa

Bay Area
Report to charge nurse and medical education office
Proceed directly to emergency room for treatment

Patient Care Supervision

Cross Listed as [TCOM Procedure 5.4 Patient Care Supervision](#)

TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

1. TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.
2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainees level of proficiency.
3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.
4. Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.
5. Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

Medical Student Use of Chaperones

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “medical student”. All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class' Clerkship Manual, Student Handbook and College Catalog.

Academic Integrity/Honor Code

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/>

Academic Assistance

Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). <http://www.hsc.unt.edu/CAP>

Attendance and Drop Procedure

Course instructors and the School's administration expect students to attend class. It is the responsibility of the student to consult with the instructor *prior* to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases a perceived problem may be resolved, allowing the student to continue in the course. It is the student's responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at <http://www.hsc.unt.edu/departments/studentaffairs/>.

Americans with Disabilities Act

The University of North Texas Health Science Center does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.

COMAT Exam

A passing score of at least 70 (scaled) on the OBGYN COMAT exam is a required component of this course. Testing and Evaluation Services will notify students of exam date, location, and start

time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. If the 10 point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

Social Media Policy Statement

Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct & Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements.

<https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115>

Course and Instructor Evaluation

It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

Syllabus Revision

The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable

NOTE: UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at <http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin>.

Zero Tolerance for Sexual Violence and Harassment

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center's website:

http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

We reserve the right to make clinical assignments based on needs and availability.

APPENDICES

RESOURCES

Foundational

First Aid for the Boards Step 2 CK, T. Le, V. Bhushan, N. Skelley, McGraw Hill, 8th Edition, 2012

Khan Academy- Online free resource

Go to SCIENCE

Go to HEALTH AND MEDICINE

Go to HUMAN ANATOMY AND PHYSIOLOGY

Go to REPRODUCTIVE SYSTEM INTRODUCTION

Or to PREGNANCY AND PREGNANCY COMPLICATIONS

Fetal circulation can be found under ADVANCED CIRCULATORY SYSTEM PHYSIOLOGY

For “Deeper Dives”

- UpToDate.com- for any of the subjects listed
- ACOG.org- (American Congress of Obstetricians and Gynecologists) you can join as a student for free and look for practice bulletins and take CREOG quizzes
- APGO.org- (Association of Professors of Gynecology and Obstetrics) you can use uWISE for students for question and explanation banks

Textbook(s)

- Essentials of Obstetrics and Gynecology, N.F. Hacker, J.G. Moore, and J.C. Gambone, Elsevier Saunders, 6th edition, 2015.
- Robbins and Cotran: Pathologic Basis of Disease, V. Kumar, A. Abbas, and N. Fausto, Elsevier Saunders, 9th edition, 2010.

Note: Assignments from Required Resources are testable.

OTHER RESOURCES YOU MAY WANT TO REFERENCE FURTHER

Textbook(s)

- Williams Obstetrics, Cunningham, Appleton & Lange, 24th Edition/2011
- Clinical Gynecology Endocrinology and Infertility, Speroff, Glass and Kase, Williams and Wilkins, 9th Edition
- Comprehensive Gynecology, Lobo et al, 7th Edition/2016
- Obstetrics and Gynecology, C. Beckmann, et al., Lippincott Williams and Wilkinson, 8th Edition