Core Clerkship in Obstetrics and Gynecology

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Duration Five (5) week clerkship.

Recommended Textbook: Obstetrics and Gynecology by Beckman and Ling

I. Locations of Clinical Service Assignments
The purpose of the clinical clerkship in obstetrics and gynecology is to provide students with general knowledge and clinical experiences that are consistent with national standards applicable to graduating physicians. To this end students will be assigned to departmental programs at the University of Toledo College of Medicine and Associated Hospitals [The Toledo Hospital (TTH) and AHEC sites].

1. TTH/UTMC
   The Ob/Gyn clerkship is divided into four equal experiences involving inpatient OB (day shift), OB night float (night call), inpatient surgical gynecology (TTH) and outpatient gynecology clinic (UTMC)

2. AHEC
   1) The student will spend the 5-week rotation at the AHEC site.
   2) It is understood that ambulatory experience is difficult to attain in AHEC’S. Consequently, attaining this experience will take precedence over in-patient experience.
   3) The student will reside in the hospital facility or in housing provided while on AHEC assignment.
II. Lectures, Seminars and Conferences

1. **Thursday morning M&M Conference, Grand Rounds, and Dr. Mack Teaching Sessions** – attendance is mandatory for all students at UTMC/TTH.

2. **On-line lectures** - These lectures/outlines are designed to cover all topics covered on the NBME examination. These based on a nationally designed curriculum.

3. **Student’s participation in the PBL sessions (Thursday afternoon at UTMC 12:00 – 4:00).**
   a. Do the assigned reading in *Obstetrics and Gynecology*, by Beckmann & Ling. These are the recommended texts by our clerkship and by the Association of Professors in Gynecology and Obstetrics.
   b. Take the departmental quiz weekly.
   c. Participate in the didactic presentation with the faculty member. This should be an interactive discussion. The student now participates in this exercise as a colleague because of the knowledge attained prior to the lecture. The session serves as a mechanism to reinforce learning rather than a starting point in the learning process. The student’s attention span is significantly extended as he/she participates as a discussant rather than passively listening.

4. **Pelvic Examination Instruction** – An important basic skill in medical practice is the physical examination. In the discipline of obstetrics and gynecology, physical diagnosis is based upon the pelvic examination. Consequently, teaching the fundamentals of the pelvic examination, including not only the physical steps of the bimanual and speculum examination but also the attitudes and behavior that accompany the examination, is an essential aspect of the clerkship. At the start of the rotation, each student will be assigned to a teaching session in which teaching assistants will demonstrate and teach the basics of the pelvic examination. This is a learning session that permits direct interaction, discussion and personal improvement for each student. All of the participating women are experienced teachers, and they realize that teaching pelvic examinations is an emotionally charged event. Further, they are vitally interested in helping you learn how to competently perform the examination, while relating to the patient as a person.
III. Round, Progress Notes and Ward Work

1. Student responsibilities on the Obstetric service (TTH).
   a. Each student will be assigned to a Resident.
   b. Students must participate in all obstetric activities with their assigned Resident (unless required to be at conferences or lectures).
   c. Under the guidance of a Resident, students are expected to write all postop notes (C/S, tubals) from cases in which they participated.
   d. Follow all clinic patients in labor. Students should be aware of assigned patients, their history, admitting diagnosis, labor progression, and any anticipated problems. With obstetric Resident in attendance, they will perform cervical exams, offer support, coach patients in pushing and assist the Resident with the vaginal delivery.
   e. If the student performs the majority of the vaginal delivery, it is expected that the student will write a complete delivery note and complete orders under supervision of the Resident.
   f. Long form H & P's may be performed by the medical student, but only under direct Resident supervision.
   g. Students should see the patients assigned to their Residents every morning and write daily progress notes.
   h. Students should be prepared to present their patients during daily rounds.
   i. Tabulate your clinical experience in the case log system.
   j. Each student will be required to take one weekend “day” call.

2. Night Float (at TTH)
   As a member of the Night Float team, you will be responsible for helping see triage patients and helping to keep the board updated. Follow the intern closely as they will often be called away quickly for a delivery. Staying close to them will allow you to see and do more. See them before the intern goes in (you will most likely not do the vaginal exam). Let the residents know you are going to Triage so that if something happens, they can find you! If things are slow and you would like to see additional variety in patient care, ask the upper level if you can go see a consult with them in the emergency department. This can also increase your exposure to acute GYN care. Some student night float experiences may occur over the weekend.
3. **Student responsibilities on the gynecology service (at TTH)**
   a. The majority of the patients on the Gynecology service have private physicians.
   b. Students will be assigned to scrub in on inpatient and outpatient surgeries. There may or may not be a Resident on each case.
   c. Students are expected to know about the cases on which they scrub, specifically:
      - History, physical examination and laboratory evaluation
      - Indication for surgery
      - Other treatment modalities for that disease entity, and the results of their use
      - Possible complications of the intended surgical treatment
   d. With the assistance of the responsible Resident, students will write operative and postoperative notes.
   e. Morning rounds start at 7:00 a.m., or as dictated by the responsible Resident. Students should plan on arriving at 5:30-6:00 a.m. to follow up on patients, write progress notes highlighting the specific problems and the suggested ways to deal with them, and see their assigned patients each morning before rounds commence.
   f. Time away from the rotation, including absence from daily rounds, must be approved by the supervising Resident. Approval prior to the absence is expected. Faculty presentations take precedence over clinical activities.
   g. Each student will also spend one day at the Center for Health Services (CHS) clinic during this rotation week.

4. **Student responsibilities on the gynecology outpatient service (UTMC)**
   a. The student will see patients in the outpatient gynecology clinic. Clinic hours are 8:00 am – 4:00 pm. This is a time to become proficient at the history and physical examination skills in Ob/Gyn. Patients seen range from annual examinations to complaints of chronic pelvic pain, abnormal bleeding, STIs and abnormal pap smears.
   b. Usually during this rotation there is exposure to a day of outpatient gynecological surgeries and colposcopy clinic.
   c. Usually there is no weekend call during this week.

5. **Student responsibilities on an Ob/Gyn AHEC**
   a. The student will participate in patient care under the supervision of the preceptor. History and physicals, progress notes and orders will be generated at his/her direction. Examination of patients will be done
only under supervision by the preceptor or his/her designee. Any notes or orders written by the student may be immediately countersigned by the attending physician.
b. The student will leave the AHEC site to participate in PBLs on Thursday afternoons.
c. Students will participate in surgery or deliveries 24-hours per day but not to exceed 80 hours in a 7 day period. Also, students (like residents) are expected to have 10 hours between leaving work and resuming work the next day per ACGME guidelines (i.e., if a student delivers a child and leaves at 2 am, they are expected to be back at work at noon the next day).

IV. Obstetrics and Gynecology Clerkship – Educational Course Objectives

At the end of the 5-week Obstetrics and Gynecology Clerkship, medical students will be able to:

1. Patient Care
   a. Demonstrate caring and respectful behaviors towards patients, families, and health care providers
   b. Demonstrate interviewing skills
   c. Demonstrate informed decision-making
   d. Develop and carry out patient management plans
   e. Demonstrate potential ability to counsel and educate patients and families
   f. Performance of procedures
      • Demonstrate ability to perform routine physical exam including pelvic exam (bimanual and rectovaginal) and breast exam
      • Demonstrate ability to assist in medical procedures both in the office and in the operating room
   g. Demonstrate understanding of preventive health services with respect to women
   h. Demonstrate ability to work within a team in the healthcare setting
2. Medical Knowledge

a. Demonstrate investigatory and analytic thinking

b. Demonstrate knowledge and application of basic sciences in gynecology,
gynecologic oncology, and obstetrics

c. Demonstrate knowledge and application of abdominal, pelvic, and perineal anatomy

d. Understand role Ob/Gyn’s and Ob/Gyn Subspecialists (Gynecologic Oncologists,
Reproductive Endocrinologists, Maternal Fetal Medicine specialists, and
Urogynecologists) in women’s healthcare

3. Practice-based Learning and Improvement

a. Analyze own practice for needed improvements

b. Demonstrate use of evidence from scientific studies

c. Demonstrate application of research and statistical methods

d. Demonstrate use of information technology

e. Demonstrate facilitation of learning of others

4. Interpersonal and Communication Skills

a. Demonstrate creation of therapeutic relationship with patients in the office and
hospital

b. Demonstrate listening skills with patients and peers

5. Professionalism

a. Demonstrate respectful, altruistic behavior in the healthcare setting

b. Demonstrate ethically sound practice

c. Demonstrate sensitivity to culture, age, gender, disability in women
6. Self-Education Skills
   a. Demonstrate initiative to enhance his/her knowledge through reading and facilitate accurate patient assessments and plans
   b. Motivated and initiates self-education

7. Systems-based Practice
   a. Understand interactions of their practices within the larger system
   b. Demonstrate knowledge of practice and delivery systems
   c. Demonstrate knowledge of cost effective healthcare
   d. Demonstrate ability and desire to be an advocate for patients within the health care system

V. Evaluation/Grades
1. Students will be given the details of the standardized grading policies for the required clinical clerkships at your mandatory Orientation to Clinical Clerkships. Grading is uniform among the Core Clerkships.
   a. Rounds - You will be required to attend in-patient rounds in Ob/Gyn
   b. Problem Based Learning Sessions (PBL) - Active participation in these sessions is a critical requirement. Being prepared will allow active participation
   c. Labor and Delivery Participation - Full participation in the labors and births of these women is expected. All births need to be presented on morning rounds
   d. Ambulatory Care Participation - The student will see patients in the Ambulatory Care facilities at TTH and at UTMC. They will take the patient’s histories, do the physical examinations, and present this data to the attending physician. In addition, they will be expected to articulate a differential diagnosis and treatment plan.
   e. In Hospital Activities - The student will be evaluated for the performance of basic patient management duties including writing
progress notes and orders. Responsibility and initiative for patient care will also be assessed.

**Breakdown of grading system:**

1. Clinical Evaluations - 40 points
2. NBME - 40 points
3. Departmental - 20 points
   a. Case Log – 10 points
   b. PBL participation/quiz grade – 7 points
   c. History/physical exam OSCE – 3 points

2. National Board of Medical Examiners (NBME) Subject Examination in Obstetrics and Gynecology

   The National Board of Medical Examiners subject exam for Obstetrics and Gynecology will be given at on the last Friday of the clerkship unless otherwise stated. This is a two-hour and forty-minute timed exam. All students are required to take this examination and score at least at the 10th percentile (national percentile). In the event that a student scores below the 10th percentile, he/she will be required to retake the examination.

**Obstetrics & Gynecology Subject Examination Dates**

TBA

VI. **Required Clinical Experiences:**

To help learners achieve these educational course objectives, requirements for both patient type (diagnostic category) and students’ level of involvement have been established. These clinical experiences will be complimented by assigned readings and didactic sessions related to diagnosis and management of patients in each category.

*Patient type:*

During this clerkship, students are required to recognize symptoms that may signify disease in the following categories, distinguish normal from abnormal findings on physical exam, formulate a differential diagnosis based on signs and symptoms, use and interpret common tests used in diagnosing disease and develop a systematic approach to management of these common diseases. This provides the core of the obstetrics and gynecology experience. All categories are required and considered essential as part of an introduction to obstetrics and gynecology. Patients are seen in both inpatient and ambulatory settings. Students must log all
patient encounters and logs will be monitored to ensure adequate experience. A single patient may be logged in 2 or more categories.

*Level of involvement:*

In addition to seeing patients in the diagnostic categories listed above, how the students are engaged in the encounter is also an important factor in helping students achieve the objectives for this clerkship. Level of involvement is likely to include various types of interaction with patients and the health care team and should be monitored to ensure a complete experience. Levels of involvement will be indicated for logged patient encounters. The logs will be reviewed mid-block to ensure that students have a range of experiences in both in-patient and/or out-patient settings.

**VII. Other Clerkship Experiences:**

In addition to required clinical experiences (patient type and level of involvement), successful completion of the clerkship requires student participation in a variety of additional experiences. These experiences are coordinated through the Department of Obstetrics and Gynecology and include lecture/discussions and presentations.

During this clerkship, all students are required to:

- Use the electronic, web-based, database to keep a log patient work ups documenting the types of patients seen and the level of responsibility. Procedures will also be logged.
- Mid-block formative feedback concerning individual progress during each 5-week block from an attending and/or resident.
- Attend group PBL as scheduled each week on Thursday. These sessions include 18 teaching modules and problem based learning sessions.
- Self-study of on-line Ob/Gyn lectures
- Attend Grand rounds on Thursdays unless on AHEC
- Participate in a pelvic teaching session with standardized patients (Gynecological Teaching Associates) facilitated by Dr. Mack – Practice techniques individually with a single GTA
- Participate in a Clinical Skills Exam – an encounter with a single GTA – to demonstrate competence in physical examination of breast, pelvic, and lymphatic system
- Participate in a History Skills Exam – an encounter with a single GTA – to demonstrate competence in obtaining a history regarding an Ob/Gyn problem (ex: pelvic pain, abnormal uterine bleeding, ectopic pregnancy).
**Ob Gyn Student Requirement**

**Gynecology**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic exam (+/- pap cultures) (OR exam counts)</td>
<td>2</td>
</tr>
<tr>
<td>Laparoscopy/hysteroscopy</td>
<td>2</td>
</tr>
<tr>
<td>Hysterectomy (or any cancer cases)</td>
<td>2</td>
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</tbody>
</table>

**Obstetrics**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Vaginal delivery</td>
<td>2</td>
</tr>
<tr>
<td>Cesarean delivery</td>
<td>2</td>
</tr>
<tr>
<td>Antepartum or triage visits</td>
<td>2</td>
</tr>
<tr>
<td>Complicated pregnancy</td>
<td>2</td>
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