Core Clerkship in Obstetrics and Gynecology

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Duration Five (5) week clerkship.

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), in-town Private Practice sites and AHEC sites].

Night Float
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.

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/PRIVATE PRACTICE.
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.
a. Do the assigned reading in *Essentials of Obstetrics and Gynecology*, by Hacker & Moore, or *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 on-line.
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.

**Rounds, Progress Notes and Ward Work**

**A. Student responsibilities on the Obstetric service.**

1) Each student will be assigned to a Resident.
2) Students must participate in all obstetric activities with their assigned Resident (unless required to be at conferences or lectures).
3) Under the guidance of a Resident, students are expected to write all postop notes (C/S, tubals) from cases in which they participated.
4) 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.
5) 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.
7) Long form H & Ps may be performed by the medical student, but only under direct Resident supervision.
8) Students should see the patients assigned to their Residents every morning and write daily progress notes.
9) Students should be prepared to present their patients during daily rounds.
10) Tabulate your clinical experience in the case log system.
11) All clinic patients followed by a student should have a Friedman labor curve diagramed on the chart. These will be reviewed by Dr Hnat or another designated attending with the student.

B. Obstetric patients

STAFF CASES
1) An Attending Physician is to be assigned to each staff case admitted and should be notified of this patient soon after the patient’s admission. The patient, however, is to be followed by the Resident, Medical Student, or Off Service Resident. The Resident is responsible for the conduct of labor and delivery but may delegate responsibility for patient care in selected cases. In general, it is preferred that students follow one patient throughout the birth process rather than periodic examinations of multiple cases. Questions or problems should be directed to the assigned Resident or Attending Physician.
2) An interval History and Physical Examination is to be done on all staff cases upon admission. Completion of this task is the responsibility of the obstetric Resident but the task may be delegated to the medical student. On admission, all obstetric patients on the staff service are to be seen and evaluated by the responsible Resident as well as the assigned medical student.
3) Management of labor and delivery is the responsibility of the obstetric Resident on duty. In consultation with the Senior Resident and the attending staff, an appropriate management plan will be established. All patients (both staff and private) should have an assigned student who is responsible for following the patient during labor and attending the delivery.

C. Student responsibility on the gynecology service
1) The majority of the patients on the Gynecology service have private physicians.
2) Students will be assigned to scrub in on inpatient and outpatient surgeries. There may or may not be a Resident on each case.
3) Students are expected to know about the cases on which they scrub, specifically:
   a. History, physical examination and laboratory evaluation
   b. Indication for surgery
   c. Other treatment modalities for that disease entity, and the results of their use
   d. Possible complications of the intended surgical treatment
4) With the assistance of the responsible Resident, students will write operative and postoperative notes.
5) Morning rounds start at 7:00 a.m., or as dictated by the responsible Resident. Students should 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. 6) 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.

D. In-patient gynecology

1) On the Gynecology Service, the care of private and staff patients will be assigned each day by the Senior Resident to the Resident Staff and to Medical Students. The assigned person will be responsible for a complete history, physical examination and pelvic examination on each patient. When these cases are assigned to a medical student or Family Practice Resident, the findings are to be reviewed by the assigned, responsible Resident. The history and physical examination will be reviewed and evaluated by either the Attending or the Resident physician.

2) Pelvic examinations will be done with the assistance and supervision of the assigned Resident. This interaction promotes maximum teaching opportunities and permits an immediate opportunity to discuss the examination with a more qualified person.

3) The medical record of the pelvic examination is to be countersigned immediately by the Resident on all cases, and subsequently by the Attending Physician on private cases. Where possible, the person completing the work-up on the patient should also be present at the time of surgery. Students should be familiar with the history of the case, laboratory results and findings of the case, and identify themselves to the Attending Surgeon if not known.

4) Be PUNCTUAL. All department functions start on time.

5) Identify and introduce yourself to the Attending Physician if this has not previously occurred.

6) Strict observance of aseptic precautions decreases morbidity and mortality from infection. Students with symptoms of respiratory, gastro-intestinal, or skin infections should report their problem to the physician in charge, who may elect to exclude students from the operating and delivery rooms.

AHEC ROTATIONS

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.
4) 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 orders written by the student may be immediately countersigned by the attending physician.

Student responsibility on AHEC

Workweek Definition
1) It is expected that the students will be at the AHEC site Monday through Thursday night
2) The workweek will end in time for the student to be at the 7 am lectures on Friday morning.
3) 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 (ie, if student delivers a child and leaves at 2 am, they are expected to be back at work at noon the next day).

Clinical Experience Opportunities

Call Schedule – The student will be on call Monday through Friday unless weekend call time is required to attain the required delivery experience. The student is expected to follow every patient who presents to labor and delivery during this time frame.

Delivery Experience
1) The student is expected to follow the patient from the time of admission until discharge
2) It is expected that the student will follow a minimum of three patients per week throughout their entire course of labor
3) Elective cesarean sections will not count as part of this experience
4) The student will be expected to record progress notes at appropriate intervals, and then submit concise written summary to the Attending after the delivery
5) The department developed a standardized format for this summary for all teaching sites
6) If the student fails to attain adequate labor and delivery experience (three per week), the attending will designate specific weekend nights to take call
7) If a student has obtained a quota of 16 delivery experiences during the course of the six-week rotation, they will not be required to be present at the AHEC site on the Tuesday night before the NBME examination
7) Failing to follow the patient’s labor course, instructing nurses to call only for delivery, or failing to follow the patient with post-partum rounds and notes will be regarded as a lack of initiative and will be reflected in the evaluation for clinical competency.

**Surgery** – Students will be expected to participate in surgery to the maximum degree possible, but ambulatory experience takes precedence as a priority.

**Work Responsibilities**

1) It is expected that the student will be available at 7:00 a.m. for rounds
2) The student is expected to round and write a note on each patient in whose care (Obstetric or Gynecologic) he/she has participated.
3) The student is expected to thoroughly familiarize him/herself with the surgical patient’s history prior to the procedure, and to have read a modicum of information regarding the patient’s complaint and/or suspected pathology.

**Pelvic Examination Experience** – The goal of each AHEC experience and of the student should be to maximize the opportunity to perform pelvic examinations. It is expected that the student will prioritize his/her time to accommodate this goal. Supervised preoperative examinations of anesthetized patients is an excellent learning experience. This will allow the examination of patients with normal and abnormal pelvic examinations.

**Recommended Text**

Textbooks are an essential tool for adult professional learning. The required text for this clerkship is:

*Essentials of Obstetrics and Gynecology*, by Hacker & Moore, and *Obstetrics and Gynecology*, by Beckmann & Ling. This is available in the Barnes & Noble Bookstore on the Health Science Campus. This text is the backbone of the curriculum. It is the recommended text by APGO to study for both the USMLE and the NBME examinations.

**Evaluations/Grades**

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.

I. **Rounds** - You will be required to attend in-patient rounds

II. **Problem Based Learning Sessions (PBL)** - Active participation in these sessions is a critical requirement. Being prepared will allow active participation

III. **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
IV. **Ambulatory Care Participation** - The student will see patients in the Ambulatory Care facilities at TTH and at UT-COM as well as Private Practice clinics. 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.

V. **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.

**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 Wednesday of the clerkship unless otherwise stated. This is a two-hour and forty-minute timed exam. **Students are responsible for finding out the location of the exam from the Clerkship Coordinator.** 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

**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

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.

Level of involvement during patient encounters will be logged using the following categories:

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 Obstetric 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 Friday. 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
REQUIRED PATIENT EXPERIMENT

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<th>Ob Gyn Student Requirement</th>
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<tr>
<td><strong>Gynecology</strong></td>
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<tr>
<td>Pelvic exam (+/- pap cultures) (OR exam counts)</td>
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<td>Laparoscopy/hysteroscopy</td>
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<td>Hysterectomy (or any cancer cases)</td>
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<td><strong>Obstetrics</strong></td>
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<td>Vaginal delivery</td>
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<td>Cesarean delivery</td>
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<td>Antepartum or triage visits</td>
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<td>Complicated pregnancy</td>
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