

Title of Clerkship:	Minimally Invasive Gynecologic Surgery (MIGS) Acting Internship
Elective Year:	Fourth Year Elective Acting Internship
Department:	Obstetrics and Gynecology
Type of Elective:	Clinical __x__
Clerkship Site:	Flower Hospital, Outpatient Office, Parkway Surgical Center, Toledo Hospital
Course Number:	OBGY 727
Blocks Available:	ALL
Number of Students/Block:	1
Coordinating Faculty:	Dr. Heather Wahl
Elective Description/Requirements:	<p>The Acting Internship in Minimally Invasive Gynecologic Surgery is a 4-week clinical rotation during which students participate in the evaluation and treatment of women with concerns related to chronic pelvic pain, endometriosis, fibroids, benign adnexal masses, and abnormal uterine bleeding.</p> <p>The Acting Intern (AI) premise is one that provides the opportunity for a student to develop medical and surgical skillsets in Minimally Invasive Gynecologic Surgery in the clinic and operating room, respectively. The AI will be observing exams performed for chronic pelvic pain and clinic procedures (i.e. trigger point injections, IUD placement, Nexplanon, endometrial biopsy, office hysteroscopy). The AI may also have the opportunity to observe pelvic floor physical therapy sessions for management of pelvic pain at a patient's discretion.</p> <p>Day-to-day activities include the following: evaluation of new patients, writing notes on patients, patient presentation to faculty, short presentations when in clinic regarding topics pre-selected by the course mentor, assisting in surgical cases. There is a potential for development of a research project such as a case report or higher-level research projects.</p>
Length of Elective:	4 Weeks
Links to Educational Program	Educational Course Objectives:
Objectives:	At the end of the rotation the student will be able to:
PC1, PC3	1. Present an independently obtained focused and comprehensive MIGS/ CPP patient history.
PC2, PC3	2. Perform independently, a focused MIGS/ CPP physical examination.
IPC1, IPC2	3. Prepare organized, focused, and accurate oral patient presentations.
PC4	4. Document a clinical encounter in the electronic health record.
PC7, PC8, MK3, MK4	5. Integrate diagnostic and clinical information to formulate a primary and complete differential diagnosis.
PC8, PC10, PC11, SBP5	6. Develop a management plan with diagnoses to be addressed in order of importance to the patient and while meeting her expectations.
MK1, MK2, MK3, MK4, MK5, MK10, MK11, MK12, MK13, MK2, MK3, MK4, MK5, MK8, MK11, MK12, MK13, MK16	7. Distinguish different types of pain conditions that can be present in chronic pelvic pain and discuss the etiology of these conditions.
MK3, MK4, MK5, MK6, MK8, MK11	8. 8. Identify the risk factors shown to increase the likelihood of chronic pelvic pain development later in life.
MK1, MK2, MK3, MK4, MK5, MK7, MK8	9. Explain medical treatment options for chronic pelvic pain.
MK2, MK4, MK5	10. Explain the role of central sensitization in the treatment of chronic pelvic pain and discuss the research currently available related to functional MRI studies.
MK3, MK4, MK5, MK6, MK11, MK13, MK16, PC8	11. Explain the etiology of uterine fibroids.
MK2, MK3, MK4, MK5	12. Explain current medical and surgical treatment options for uterine fibroids.
MK2, MK3, MK4, MK5, MK11, MK13, MK16, PC8	13. Explain the differential diagnosis for adnexal masses.
MK1, MK4	14. Explain the differential diagnosis of abnormal uterine bleeding as well as the medical and surgical treatment options.
	15. Identify normal and abnormal pelvic anatomy during operative cases.

PC 6	16. Perform basic surgical skills (including knot-tying [two-handed and eventually one-handed tying] and surgical instrument handling [needle holder and pickups, surgical scissors]).
PBL1, PBL2, PBL3	17. Incorporate feedback, self-reflection and improvement into daily practice
Instructional Methods:	<ol style="list-style-type: none"> <li>1. Clinical experience – Operating Room time with faculty and office participation with faculty and certified pelvic floor physical therapist.</li> <li>2. Conferences – attend Grand Rounds, M&amp;M, journal club, and applicable resident didactic teaching sessions.</li> <li>3. Independent learning (assigned readings)</li> <li>4. Patient presentations to faculty</li> </ol>
Evaluation Methods:	<ol style="list-style-type: none"> <li>1. Clinical performance (Preceptor evaluation(s)).</li> <li>2. Participation (surgical knot tying, suturing, completion of required readings, completion of case logs)</li> <li>3. Clinical documentation review (Completion of a minimum of two new patient history and physicals examinations).</li> </ol>
Prerequisites:	Successful completion of third year required clerkships in Surgery and Obstetrics and Gynecology.
Clerkship Director;	Catherine Van Hook, MD
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Approved by ECC  
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