

# **OBGYN Junior Clerkship (GYOB-701)**

## **Class of 2025**

### **Syllabus**

#### **1. Welcome from Clerkship Leadership**

Welcome to Obstetrics and Gynecology! We are very excited to have you and we are certain that you will find your time here to be productive and rewarding. Below you will find general information regarding your rotation. On this rotation you will be seeing basically healthy patients, who for the most part, are undergoing a happy event in their lives – the birth of their baby. You will also participate in outpatient clinical settings, surgeries and gynecological procedures!

All OBGYN students will spend the first day of the rotation in an Orientation to the Clerkship (via Zoom) and Skills Lab/Check Off (with the exception of the students assigned to AdventHealth Orlando who will orient and have Skills Lab in Florida).

Final Week of Rotation: All students, with the exception of Regional Students, will return to Loma Linda for Sim Lab and exams (OSCE on Thursday & NBME on Friday). Exit interviews will be scheduled during your final week of the rotation.

Clerkship Length: 6 Weeks

#### **Clerkship Contacts:**

Clerkship Director Name: Elaine Hart, MD, ehart@llu.edu

Clerkship Coordinator Name: Kim Johnston, kjohnsto@llu.edu

**Course Description:** This clerkship is a six-week introduction to women's obstetrics and reproductive health issues. It is designed to provide students with a broad exposure to obstetrics and women's health as well as a foundation of what is involved in the specialty of obstetrics and gynecology. Comparison of normal and abnormal/pathological conditions in obstetrics and gynecology will be presented along with emphasis on strategies for prevention.

#### **Clinical Sites:**

Loma Linda University Medical Center, Loma Linda, CA

Adventist Health White Memorial, Los Angeles, CA

Riverside University Health System, Moreno Valley, CA

Kettering Medical Center, Kettering, OH

AdventHealth Orlando, Orlando, FL

#### **Clinical Schedules**

Each clinical site will provide schedules to students individually. Please contact your site coordinator for detailed information.

#### **Site Coordinators/Schedulers:**

LLUMC: Kim Johnston, kjohnsto@llu.edu

Adventist Health White Memorial: Pattie Sandoval, SandovP1@ah.org & Lana Hoang, hoangl1@ah.org

AdventHealth Orlando: Rachel Smith, rachel.smith@adventhealth.com

Kettering Medical Center: Kathleen Mayer, Kathleen.mayer@ketteringhealth.org

Riverside University Health System: Katrina Hunt, k.hunt@ruhealth.org

LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE  
Gynecology and Obstetrics Junior Clerkship  
**OB-GYN CLINICAL FACULTY**  
LOMA LINDA UNIVERSITY MEDICAL CENTER

General Obstetrics and Gynecology

Sanaz Amini, M.D.  
Kevin C. Balli, M.D. *Chair, OBGYN Department*  
Stewart Barlow, M.D.  
Emerald Caruso, M.D.  
Sum Cheung, M.D.  
Stephanie Fegale, M.D.  
Heather Figueroa, M.D.  
Rebecca Gonzalez, M.D.  
Elaine A. Hart, M.D. *Director, Student Clerkship*  
Negar Hosseinfar, M.D.  
Lisa Kairis, M.D.  
Melissa Kidder, M.D.  
Juthamas Kositsawat,  
M.D. Kathleen Lau, M.D.  
Peter Leung, M.D.  
Courtney Martin, D.O.  
Danielle Mason, M.D. *Director, Residency Program*  
Crystal Pruitt, M.D.  
Andrea Salcedo, M.D.  
Ai-Mae Watkins, M.D.  
Jessica White, M.D.  
Jane Yun, M.D.

Maternal-Fetal Medicine / High-Risk Pregnancy Care

Ray Abinader, M.D.  
James Betoni, D.O.  
Barry S. Block, M.D.  
Ciprian Gheorghe, M.D.  
Shravya Govindappagari, M.D.  
Lynn McLean, M.D.  
Ruofan Yao, M.D. *Section Chief*

Gynecologic Oncology

Linda Hong, M.D.  
Yevgeniya Ioffe, M.D. *Section Chief*  
Mazdak Momeni, M.D.

Reproductive Endocrinology, Infertility, and In-Vitro Fertilization

Gihan Barih, M.D.

Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

Jeffrey S. Hardesty, M.D.  
Sam Siddighi, M.D. *Section Chief*

### **RIVERSIDE UNIVERSITY HEALTH SYSTEM**

Kristen Anderson, M.D.	Gynecologic Oncology
Ashley Beem, M.D.	General Obstetrics and Gynecology
Lenorre Clarke, M.D.	General Obstetrics and Gynecology
Alicia Cryer, M.D.	General Obstetrics and Gynecology
Christia Del Rosario, M.D.	General Obstetrics and Gynecology
Christopher Genobaga, MD	General Obstetrics and Gynecology
Bryan Hill, M.D.	Female Pelvic Medicine and Reconstructive Surgery
Ronald B. Johnson, M.D.	Department Chair, OBGYN
Bryan Oshiro, M.D.	Maternal Fetal Medicine
Ivan Rybkin, M.D.	General Obstetrics and Gynecology
Sarah Smithson, D.O.	Maternal Fetal Medicine
Canty Wang, M.D.	General Obstetrics and Gynecology

### **ADVENTIST HEALTH WHITE MEMORIAL**

Sarah Bridge, M.D.	General Obstetrics and Gynecology
Joseph DeNagy, D.O.	General Obstetrics and Gynecology
Rosie Avila, M.D.	General Obstetrics and Gynecology
Eijean Wu, M.D.	Gynecologic Oncology Division Director
Thinh Duong, M.D.	Division Director, Gynecologic Surgery
Erica Givens, M.D.	Associate Residency Program Director
Dominique Luckey, M.D.	General Obstetrics and Gynecology
Leroy A. Reese, M.D.	Director of Medical Education / Dean, LA Campus
Kathryn J. Shaw, M.D.	Maternal-Fetal Medicine
Kim Warner, M.D.	General Obstetrics and Gynecology
Cinna T. Wohlmuth, M.D.	Director, Residency Program

### **ADVENTHEALTH ORLANDO**

Mark Crider, M.D.  
Nathalie McKenzie, M.D.

### **KETTERING MEDICAL CENTER**

Whitney Crye, D.O.  
Mark Day, D.O.  
Samantha Houser, D.O.  
Caroline Kennebeck, M.D.  
Kelsey Madsen, D.O.  
Kelly McCluskey, M.D.  
Jennifer Mittlestead, M.D.  
Thomas Reid, M.D.  
Seema Sharma, M.D.  
John Shie, M.D.  
Keira Urschel, M.D.  
Stuart Weprin, M.D.

## **2. Clerkship Policies and Expectations**

**CALLING OUT SICK:** If you are not feeling well and cannot make it to your scheduled service, please notify your clerkship coordinator Kim Johnston, kjohnsto@llu.edu at Loma Linda **and** your specific site coordinator off-site) as well as your resident(s) and/or attendings. Please leave messages or call in yourself vs. having a classmate do it for you.

If you miss **any** scheduled service day, you must make up the missed clinical hours. *Those are clerkship requirements. All scheduled clinical shifts are learning opportunities.* Please see your site coordinator or clerkship director for that assignment. If you miss a call shift at the end of your rotation, you will be scheduled for your make-up shift the weekend after the mock board. If you miss more than one day, you will need a doctor's note.

**ATTIRE:** Professional attire is required on this rotation. This includes core lectures (if in person), labs, rounds, and clinics. *Ideally*, when attending in person, please wear a clean, white lab jacket, School of Medicine issued name badge, and proper footwear. For clinics, it is required that you wear a clean white lab coat with your badge. If you are participating in clerkship requirements via Zoom, please be presentable. Remember that the impression you make via video is sometimes the only one that the instructor/director has of you. When on service in the New Med Center (TMC), please wear clean scrubs (available on Level A, Cloverleaf Towers (teal scrubs). For OR assignments, you will also get scrubs from the Cloverleaf Towers or the Surgical Hospital, if that's where you're assigned, so please plan ahead and get them before reporting for service. You will not have access to scrub machines in the Troesh Medical Center for this rotation. You should never wear your own scrubs for the OR or travel between sites in hospital issued scrubs. Please stay within the hospital/facility with your scrubs and return them to the machine on Level A or SH depending on where you got them.

If you are rotating off-site, please follow all requirements set by that particular institution.

### **General Expectations for OR and ward work:**

**For all services (Low Risk PP rounds, High Risk, Gyn Onc, Benign Gyn, & FPMRS), each student is expected to see 3-4 patients each day unless fewer are available for you each to see this many. Plan to arrive early enough to get all your pre-rounding done! Prior to rounding with the team, you will need to review the chart in the electronic medical record (i.e. EPIC) on each of your patients and examine them. You are expected to write student notes including assessment and plans, educate your patients and be prepared to present on each of your patients.**

**For surgical cases you have been assigned to participate in, read patient charts, understand the patient's condition and indication for surgery. Read up on or watch video on procedure/surgery. Be prepared to answer questions regarding condition and be helpful to your team in the OR (i.e. transferring patient, prepping, cleaning up, etc.). Practice situational awareness when considering asking questions in the OR. During tense situations when there is unexpected bleeding, this is probably not the best time to ask questions. Plan to meet the surgeon in the pre-operative area to avoid the stress of meeting them in the OR (with patient already under anesthesia and positioned). Introduce yourself to the attending surgeon and indicate that you have read about the patient and have met them. Ask/inform the surgeon that you are intending to join the case.**

**PROFESSIONALISM:** Please demonstrate respect for instructors and the educational process through adequate preparation, active participation, punctuality and timely completion of requirements. Professionalism counts toward 2% of your final grade and includes adhering to assignment due dates. Professionalism concern disqualifies consideration of honors/high pass per the Grading Rubric followed on all Clerkships and provided by the School of Medicine.

### 3. Educational Objectives: Six-Week OBGYN Junior Rotation

#### I. COGNITIVE KNOWLEDGE

##### A. NORMAL OBSTETRICS TOPICS:

1. **Maternal, placental, and fetal anatomy**
2. **Maternal, placental, and fetal physiology**
3. **Antepartum care**
  - a. methods to diagnose pregnancy
  - b. approaches to assess gestational age
  - c. methods of risk assessment
  - d. techniques to assess fetal growth, well-being and maturity
  - e. appropriate prenatal diagnosis studies
  - f. patient education programs
    - (1) smoking cessation
    - (2) alcohol cessation
    - (3) substance abuse
    - (4) nutritional counseling
    - (5) medication use in pregnancy period
4. **Intrapartum care**
  - a. characteristics of true and false labor
  - b. initial assessment of laboring patients
  - c. states and mechanisms of normal labor
  - d. methods of monitoring mother/fetus during labor
  - e. signs of fetal compromise
  - f. management of normal delivery and episiotomy repair
  - g. inductions for operative delivery
  - h. Immediate post-delivery care of the mother
5. **Immediate care of the newborn**
  - a. assessment techniques
  - b. immediate care provided
  - c. situations requiring immediate intervention
6. **Postpartum Care**
  - a. maternal physiology changes of postpartum period
  - b. normal postpartum care
  - c. appropriate postpartum patient counseling

##### *FOR THE FOLLOWING SPECIFIC TOPICS, KNOW THE FOLLOWING:*

1. *Definition*
2. *Predisposing risk factors, if any*
3. *Symptoms and physical findings*
4. *Methods used to confirm the diagnosis*
5. *Treatment options*

##### B. ABNORMAL OBSTETRICS TOPICS:

1. **Ectopic pregnancy**
2. **Spontaneous abortion**
3. **Medical complications of pregnancy**
  - a. anemia
  - b. diabetes
  - c. urinary tract disease
  - d. infectious diseases including:
    - (1) Herpes
    - (2) Rubella
    - (3) Streptococcus
    - (4) Hepatitis B
    - (5) HIV
  - e. cardiac disease
  - f. asthma
  - g. acute abdominal symptoms
5. **Rh isoimmunization**
6. **Multiple gestation**
7. **Abnormal labor**
  - a. preterm labor
  - b. premature rupture of membranes
  - c. intrapartum fetal distress
  - d. prolonged labor
8. **Puerperium complications**
  - a. postpartum hemorrhage
  - b. postpartum infection
9. **Anxiety and depression**
10. **Maternal and perinatal mortality**
11. **Postdates pregnancy**
12. **Fetal growth abnormalities**

##### C. GENERAL GYNECOLOGY:

1. **Contraception**
2. **Sterilization**
3. **Vaginitis and Vulvitis**
  - a. bacterial
  - b. candidiasis
  - c. trichomonal
  - d. viral
  - e. foreign bodies
5. **Salpingitis**
6. **Pelvic relaxation**
7. **Endometriosis**
8. **Adenomyosis**
9. **Disorders of the Breast**
  - a. breast mass, nipple discharge, or breast pain
  - b. symptoms and findings suggestive of:
    - (1) intraductal papilloma

- f. atrophic
- g. allergic
- h. Bartholin's gland disease

- (2) fibroadenoma
- (3) fibrocystic changes
- (4) carcinoma

**4. Sexually transmitted organisms**

- a. gonorrhea
- b. chlamydia
- c. herpes
- d. syphilis
- e. condyloma acuminatum
- f. HIV infection

**D. ENDOCRINOLOGY AND INFERTILITY:**

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <b>1. Puberty</b>                    | <b>5. Dysmenorrhea</b>          |
| <b>2. Amenorrhea</b>                 | <b>6. Menopause</b>             |
| <b>3. Hirsutism and virilization</b> | <b>7. Infertility</b>           |
| <b>4. Abnormal uterine bleeding</b>  | <b>8. Premenstrual syndrome</b> |

**E. NEOPLASIA:**

- |   |                                 |
|---|---------------------------------|
| <b>1. Gestational trophoblastic disease</b> | <b>4. Uterine myoma</b>         |
| <b>2. Vulvar neoplasms</b>                  | <b>5. Endometrial carcinoma</b> |
| <b>3. Cervical disease and neoplasia</b>    | <b>6. Ovarian neoplasms</b>     |

**F. SEXUAL TOPICS:**

- 1. Sexuality**
  - a. normal physiology
  - b. influences on sexuality during the following life events:
    - (1) onset of menarche
    - (2) initiation of sexual activity
    - (3) pregnancy
    - (4) postpartum
    - (5) menopause
  - c. common patterns of sexual dysfunction
  - d. physician sexuality and how it may influence patient management
- 2. Sexual assault**

**FOR THE FOLLOWING PROCEDURES:**

- 1. Be able to describe in general terms how to perform the procedures*
- 2. Know the common indications and contraindications*
- 3. Identify the common risks*

**G. OBSTETRICS PROCEDURES:**

- |  |  |
|--|--|
| <b>1. Forceps vaginal delivery</b>         | <b>8. Cesarean section delivery</b>        |
| <b>2. Vacuum assisted vaginal delivery</b> | a. low segment transverse uterine incision |
| <b>3. Episiotomy</b>                       | b. classical uterine incision              |
| <b>5. Amniocentesis</b>                    | <b>9. Postpartum tubal sterilization</b>   |
| <b>4. Induction of labor</b>               | <b>10. Obstetrical ultrasonography</b>     |
| <b>6. Chorionic Villus Sampling</b>        | <b>11. Newborn circumcision</b>            |
| <b>7. Cervical cerclage</b>                |  |

## H. GYNECOLOGY PROCEDURES:

1. Dilatation and curettage
2. Colposcopy and cervical biopsy
3. Endometrial and endocervical biopsies
4. Cone biopsy
5. Culdocentesis
6. Hysterosalpingography
7. Laparoscopy (diagnostic, operative)
8. Hysterectomy (abdominal, vaginal)
9. Pregnancy termination (D&C, D&E, PGE<sub>2</sub>)
10. Hysteroscopy (diagnostic and operative)
11. Laser vaporization
12. LOOP, LEEP, cryotherapy
13. Vulvar biopsy
14. Interval sterilization procedures
15. Mammography
16. Needle aspiration of breast
17. Genuine urinary stress incontinence procedure
18. Kinds of vertical and transverse abdominal wall incision

## II. CLINICAL COMMUNICATION SKILLS

### A. GENERAL COMMUNICATION SKILLS:

1. English language is used fluently
2. Speech is clear and understandable
3. Appropriate confidence is exhibited
4. Appropriate eye contact is displayed

### B. ORAL CASE PRESENTATIONS:

1. Organization is orderly
2. Flow of presentation is fluid
3. Avoids dependence on notes
4. Differentiates major from minor problems
5. Plans are formulated appropriately
6. Pertinent plusses and minuses are included

### C. WRITTEN NOTES AND WORKUPS:

1. Presentation is thorough and complete
2. Presentation is accurate
3. Sequence is logical and orderly
4. Handwriting is legible

## III. PATIENT COMMUNICATION SKILLS

### A. GENERAL HISTORY AND PHYSICAL EXAMINATION

1. In taking the history, communicate with the patient in order to gain her confidence and cooperation, including appreciation of the effects of age, racial and cultural background, social and spiritual support, personality and mental status.
2. Demonstrate the skill of listening and allowing the patient to express herself fully while being empathetic, sympathetic, and non-judgmental.
3. Prior to the examination, communicate with the patient to gain her confidence and cooperation including appreciation of comfort and modesty.
4. Communicate exam results to the patient in a thoughtful and sensitive manner.

### B. PATIENT EDUCATION

1. Describe the previously listed obstetrics/gynecologic procedures in language understandable to a patient.
2. Instruct a patient on how to perform a **self-breast examination**.
3. Answer **commonly asked questions** regarding pregnancy, labor, and delivery.
4. Providing an explanation to the patient regarding **the purpose of the prenatal lab tests**.
5. Counsel a patient who has undergone a **perinatal loss** regarding the **normal grief response**.
6. Obtain an **Informed Consent** from a patient for an obstetric/gynecologic procedure taking care to respect her autonomy and freedom of choice.

## IV. GENERAL CLINICAL SKILLS

### A. GENERAL INITIAL PATIENT VISIT

1. Obtain thorough **obstetrics-gynecologic histories** from patients as a portion of a general medical history, to include:
  - a. chief complaint
  - b. present illness
  - c. menstrual history
  - d. obstetrics history
  - e. gynecologic history
  - f. contraceptive history
  - g. sexual history
  - h. family history
  - i. social history
2. Perform a thorough obstetrical-gynecologic examination on the patient as part of her **general medical exam** including:
  - a. breasts
  - b. abdomen
  - c. pelvic, including recto-vaginal exam
3. Perform a **PAP smear** and obtain **cervical cultures**.
4. **Communicate** exam results to the patient in a thoughtful and sensitive manner.
5. Provide an **explanation to the patient** regarding the planned laboratory tests, if any, and plan of management.
6. complete appropriate **chart documentation**.

### B. INTRAOPERATIVE AND POSTOPERATIVE CARE

1. Safely position the patient.
2. Place a peripheral intravenous line.
3. Perform a surgical/vaginal prep.
4. Perform pre-gowning surgical scrub technique.
5. Follow sterile technique in gowning and/or activities.
6. Handle surgical instruments and needles following universal precautions.
7. Tie surgical knots.
8. Remove surgical staples and place steristrips.

## V. OBSTETRIC CLINICAL SKILLS

### A. NEW PRENATAL VISIT

1. Obtain a history, perform an exam/PAP smear, and cervical cultures.
2. Communicate to the patient an explanation regarding the plan for prenatal care and the purpose of the prenatal laboratory tests.
3. Complete appropriate prenatal chart documentation.
4. Perform an obstetrics risk assessment of the patient to determine the presence of any risk factors.
5. Develop a problem list and management plan based on the initial assessment.

### B. RETURN PRENATAL VISIT

1. Obtain appropriate histories from pregnant patients.
2. Perform appropriate physical exams on pregnant patients.
3. Auscultate fetal heart rates with a fetoscope/doptone.
4. Communicate the visit findings to the patient in a thoughtful and sensitive manner.
5. Complete appropriate prenatal chart documentation.
6. Update the problem list and management plan based on the ongoing evaluation.

### C. LABOR AND DELIVERY

1. Obtain a history for patients being admitted in labor.
2. Perform a speculum exam to assess rupture of membranes including:
  - a. assessment of pooling
  - b. Nitrazine test
  - c. fern test
3. Perform a physical exam on a patient being admitted.
4. Complete appropriate admission chart documentation.



5. Evaluate intrapartum fetal monitor tracings for fetal well-being.
6. Write appropriate intrapartum progress notes.
7. Perform a midline episiotomy.
8. Perform a spontaneous vaginal delivery.
9. Suction the pharynx/nares of the neonate at delivery.
10. Inspect cervix, vagina, and perineum for lacerations.
11. Repair episiotomy.
12. Complete chart documentation on obstetrics form.

#### D. MATERNITY UNIT

1. Obtain appropriate histories from admitted patients.
2. Perform appropriate physical exams on admitted patients.
3. Complete appropriate admission chart documentation.
4. Complete postpartum vaginal delivery progress notes.
5. Complete postoperative cesarean delivery progress notes.
6. Evaluate antepartum fetal monitor tracings for fetal well-being.

## VI. GYNECOLOGIC CLINICAL SKILLS

#### A. NEW GYN VISIT

1. Obtain history, exam, PAP smear, and cervical cultures.
2. Communicate to the patient an explanation regarding the plan for care and the purpose of laboratory/imaging tests.
3. Complete appropriate chart documentation.
4. Develop a problem list and management plan based on the initial assessment.

#### B. RETURN GYN VISIT

1. Obtain appropriate history, exam, on the patient.
2. Review results of previously ordered laboratory/imaging tests.
3. Communicate the results of the visit to the patient.
4. Complete appropriate chart documentation.
5. Update the problem list and management plan based on the ongoing evaluation.

#### C. IN-HOUSE WARD CARE

1. Obtain appropriate histories from admitted patients.
2. Perform appropriate physical exams on admitted patients.
3. Complete appropriate admission chart documentation.
4. Complete appropriate progress notes.
5. Complete postoperative progress notes.

## VII. ATTITUDES

#### A. QUALITY OF INTERPERSONAL RELATIONSHIPS

##### 1. Student - Female Patient Relationship

- a. Demonstrate to her an integrated *concern for her whole-person needs* brought on by pregnancy or illness including:
  - 1) psychological status
  - 2) social support
  - 3) ethnic/racial/cultural milieu
  - 4) emotional response
  - 5) spiritual resources and support

- b. Demonstrate *sensitivity* to her by:
  - 1) showing empathy and compassion
  - 2) allowing her to express feelings
  - 3) using lay terminology in discussion
- c. Demonstrate *respect* for her by:
  - 1) knocking on her door before entering
  - 2) appropriately introducing yourself
  - 3) establishing suitable eye contact
  - 4) allotting time to listen
  - 5) encouraging her to ask questions
  - 6) evaluating her bed so she is at eye level
  - 7) avoiding inappropriate jokes or remarks
  - 8) using appropriate touch
  - 9) asking her permission to begin the exam
  - 10) including her in discussion on rounds

## 2. Student - Health Care Team Relationship

- a. Demonstrate ability to work with all members of the team by:
  - 1) listening respectfully during other's presentations
  - 2) being willing to pull one's own weight
  - 3) accepting constructive criticism from any team member
  - 4) being willing to admit mistakes
  - 5) taking responsibility for own behavior

## B. PROFESSIONAL BEHAVIOR

- 1. **Reveals an eagerness to learn by:**
  - a. asking appropriate questions
  - b. reading pertinent medical textbooks/journals
- 2. **Demonstrated reliability and responsibility by:**
  - a. being prompt to all appointments and duties
  - b. completes workups/progress notes legibly and on time
  - c. being thorough in assessment and implementation
  - d. functioning well independently
- 3. **Demonstrated honesty and integrity by:**
  - a. being truthful with patients
  - b. communicating appropriate information to team members
- 4. **Exhibiting professional attire and appearance**

## C. CLINICAL JUDGMENT

- 1. **Utilizes common sense by:**
  - a. asking appropriate questions
  - b. conveying only pertinent information
- 2. **Assesses own ability realistically by:**
  - a. acknowledging own limitations
  - b. asking for help appropriately
- 3. **Demonstrates intelligent decision-making by:**
  - a. considering appropriate alternatives
  - b. weighing risks versus benefits in treatment options

## D. AWARENESS OF PERINATAL ETHICAL ISSUES

- 1. **Participates in Whole Person Seminars and Conferences by:**
  - a. attending scheduled appointments
  - b. asking appropriate questions
  - c. participating in discussions
- 2. **Explores own personal position on significant issues such as:**
  - a. maternal autonomy and fetal rights
  - b. pregnancy termination/abortion
  - c. assisted reproduction

## **VIII. VALUES**

### **A. WHOLE PERSON/INTEGRATED CARE**

1. God created human beings, not as bodies that function separately from our person, but rather as multidimensional unities
2. These multidimensional (physical, psychological, social, emotional, cultural, and spiritual) interact rather than functioning in isolation from each other.
3. Wholeness involves a balanced interaction of all dimensions under the Lordship of Jesus Christ.
4. Disequilibrium in one area may significantly impact on one or more of the other dimensions and result in illness.
5. The goal of healing is to restore the balance and thus Wholeness.

### **B. WOMEN'S HEALTH AND REPRODUCTION**

1. All human beings are created by God and are unique, special and to be valued.
2. All human beings, whether women or men, are to be treated with respect.
3. The wholeness of women and children is foundational for a healthy society.
4. Violence and abuse toward women is never justified and cannot be condoned.
5. Consideration of the family unit is an important aspect of reproductive health care.
6. Pregnancy termination is a very personal decision and not one to be taken trivially.
7. Physicians need to be sensitive to and respectful of differences of beliefs among themselves, their colleagues, and their patients.
8. Because ethical issues surrounding fertility and reproduction are complex, a number of reasonable positions may be taken by equally dedicated and thoughtful individuals.

# OBGYN Student Assignments & Didactics Schedule

Rotation Dates: 2025 Group 5: 1/2/2024 – 2/11/2024

The reading assignment is from *Obstetrics and Gynecology*, 8th Edition, by Beckmann, Herbert, et. al.

WEEKLY READING ASSIGNMENTS: Weekly reading assignment should be studied throughout the week. Friday conferences are a review of weekly topics. Be prepared to participate in lectures and to take quizzes.

***Please do the required reading before conference. See Blocks below.***

Student Conferences: Please check Outlook Calendar for Zoom links and/or locations.

- Tuesday, 1/2/2024 7:00 – 11:00 am PST, Orientation & Core Lectures via Zoom  
1:15 – 1:45 pm PST, Clinical Skills Assessment  
2:00 – 5 pm PDT, Skills Check Offs (Regional students will perform at regional campuses)
- Friday, 1/5/2024 Weekly Reading Block #3 (Chapters 26, 27, 28, 29, 30, 32, 35, 36)  
8:30 – 11:30 am PDT, Lecture with **Dr. Patton**  
11:30 – 12:00 pm PDT, Quiz over Block #3 and related APGO videos
- Monday, 1/8/2024 4:00 – 6:00 pm PDT, TBL (First & Third Trimester Bleeding with **Dr. Patton**)  
Friday, 1/12/2024 Weekly Reading Block #4 (Chapters 31, 37, 38, 39, 40, 41, 42, 43)  
8:30 – 11:30 am PDT, Lecture with **Dr. Patton**  
11:30 – 12:00 pm PDT, Quiz over Block #4 and related APGO videos
- Monday, 1/15/2024 HOLIDAY  
Thursday, 1/18/2024 4:00 – 6:00 pm PST, TBL (Hypertensive Disorders of Pregnancy with **Dr. Patton**)  
Friday, 1/19/2024 Weekly Reading Block #5 (Chapters 33, 44, 45, 46, 47, 48, 49, 50)  
7:00 – 9:00 am PST, Ethics Conference (via Zoom)  
9:00 – 12:00 pm PST, Lecture with **Dr. Hart**  
12:00 – 12:30 pm PST, Quiz over Block #5 and related APGO videos
- Monday, 1/22/2024 3:00 – 4:00 pm PST, Journal Review with **Dr. Patton**  
4:00 – 6:00 pm PST, TBL (Abnormal Labor & FHR Tracings with **Dr. Patton**)
- Thursday, 1/25/2024 3:00 – 5:00 pm PST, NBME Review with **Dr. Hart** (Optional)  
Friday, 1/26/2024 Weekly Reading Block #2 (Chapters 13, 14, 15, 16, 17, 18, 21, 22, 25)  
8:30 – 11:30 am PST, Lecture with **Dr. Hart**  
11:30 – 12:00 pm PST, Quiz over Block #2 and related APGO videos  
12:00 – 1:30 pm PST, Integrated Radiology Lecture
- Monday, 1/29/2024 3:30 – 4:00 pm PST, Breastfeeding Quiz  
4:00 – 6:00 pm PST, TBL (Diabetes in Pregnancy with **Dr. Hart**)
- Friday, 2/2/2024 8:00 – 9:00 am PST, “Caring for your LGBTQ Patient”  
Weekly Reading Block #1 (Chapters 5, 7, 9, 10, 12, 19, 20, 23, 24)  
9:00 – 11:30 am PST, Self-Study Lecture  
11:30 – 12:00 pm PST, Quiz over Block #1 and related APGO videos
- Monday, 2/5/2024 4:00 – 6:00 pm PST, TBL (Amenorrhea & Abnormal Uterine Bleeding with **Dr. Patton**)  
Wednesday, 2/7/2024 8:00 – 10:00 am PST, Simulation Lab with **Dr. Hart** - **REQUIRED**  
Thursday, 2/8/2024 3:00 – 5:00 pm PST, OSCE Review with **Dr. Hart** (Optional)
- Thursday, 2/8/2024 – OSCE  
Friday, 2/9/2024 – NBME Shelf Exam & Exit Interviews

*Obstetrics and Gynecology* 8th Edition by Beckmann and Ling  
Reading Assignment Blocks

CHAPTERS

Core Lectures:	1	The Woman's Health Examination and Women's Health Care Management
	2	The Obstetrician-Gynecologist's Role in Screening and Preventive Care
	6	Preconception and Antepartum Care
	8	Intrapartum Care
	11	Postpartum Care
BLOCK #1	5	Maternal-Fetal Physiology
	7	Genetics and Genetic Disorders in Obstetrics and Gynecology
	9	Abnormal Labor and Intrapartum Fetal Surveillance
	10	Immediate Care of the Newborn
	12	Postpartum Hemorrhage
	19	Ectopic Pregnancy and Abortion
	20	Endocrine Disorders
	23	Hematologic and Immunologic Complications
24	Infectious Diseases	
BLOCK #2	13	Multifetal Gestation
	14	Fetal Growth Abnormalities
	15	Preterm Labor
	16	Third Trimester Bleeding
	17	Premature Rupture of Membranes
	18	Post-term Pregnancy
	21	Gastrointestinal, Renal, and Surgical Complications
	22	Cardiovascular and Respiratory Disorders
25	Neurologic and Psychiatric Disorders	
BLOCK #3	26	Contraception
	27	Sterilization
	28	Vulvovaginitis
	29	Sexually Transmitted Diseases
	30	Pelvic Support Defects, Urinary Incontinence, Urinary Tract Infection
	32	Dysmenorrhea and Chronic Pelvic Pain
	35	Human Sexuality
	36	Sexual Assault and Domestic Violence
BLOCK #4	31	Endometriosis
	37	Reproductive Cycles
	38	Puberty
	39	Amenorrhea and Abnormal Uterine Bleeding
	40	Hirsutism and Virilization
	41	Menopause
	42	Infertility
43	Premenstrual Syndrome	
BLOCK #5	33	Disorders of the Breast
	44	Cell Biology and Principles of Cancer Therapy
	45	Gestational Trophoblastic Neoplasia
	46	Vulvar and Vaginal Disease and Neoplasia
	47	Cervical Neoplasia and Carcinoma
	48	Uterine Leiomyoma and Neoplasia
	49	Cancer of the Uterine Corpus
50	Ovarian and Adnexal Disease	
Self-Study:	3	Ethics, Liability, and Patient Safety in Obstetrics and Gynecology
	4	Embryology and Anatomy
	34	Gynecologic Procedures

## 5. Grading

Clinical Evaluations <i>based on points from faculty evaluation (clerkship dependent)</i>	OSCE <i>100 points possible</i>	Supplemental Clinical: <i>Prev Med/ Radiology/OSCE Practice Set/ Professionalism</i>	Clerkship Quizzes- <i>100 points possible</i>	Subject Exam- <i>100 points possible Per-centile compared to national average will be used for the grade, Not percent correct.</i>
<b>25%-2.5</b>	<b>20%-2.0</b>	<b>15%-1.5</b>	<b>15%-1.5</b>	<b>25%-2.5</b>
≥ 80% = pts (2.5)	≥ 85% (2.0)	≥95% (1.5)	≥ 90% (1.5)	>80% (2.5)
≥ 71%= pts (2.0)	75-84% (1.5)	>90% (1.0)	≥ 80% (1.0)	70-79% (1.75)
≥62%= pts (1.5)	65-74% (1)	≥ 65% (0.5)	≥ 65% (0.5)	50-69% (1.25)
≥ 60 %= pts (1)	61-64% (0.5)	<65% (0)	<65% (0)	23-49% (0.75)
≥57%=pts (0.5)	< 61% (0)			15-22% (0.5)
≤56%= pts (0)				7-14% (0.25)
				<6% (0)

### DETERMINATION OF CLERKSHIP GRADE

The final clerkship grade is determined by the sum of achieved scores:

**Medical Knowledge (40%)**

- **NBME:** 25% (Passing Score is 66)
- **Quizzes** 15%

**Clinical Performance (60%)**

- **Clinical Evals** 25% (director to assign point values based on faculty evaluations which take into account narrative assessment in addition to numerical scoring)
- **OSCE** 20%
- **Supplemental Clinical: Integrated courses/clerkship choice:** 13% (must have completed all radiology and requirements on time to receive honors)
  - Radiology 4%, PrevMed 4%, OSCE Practice Set 5%
  - Professionalism: 2% (*late assignment(s) will affect the likelihood to receive distinction of honors/high pass*)
  - Minimum One H&P reviewed by attending (P/F)
  - Minimum SMART Goal to be reviewed at mid-clerkship eval
  - Minimum one practice NBME per clerkship (NEPS requires two)--(paid for by school)

8.5-10	<b>Honors</b>
7.25-8.4	High Pass
3-7.24	Pass
1.6-2.9	Marginal Pass
0-1.5	Fail

### Grading Scale 2023-2024

## **i**      **Clinical Evaluations**

### MedHub – Self-Initiating Faculty and/or Resident Evaluations

Initiating and following up on the completion of your evaluations throughout the Clerkship is your professional responsibility. It is a requirement during the rotation. The comments from these evaluations will contribute to your MSPE next year. Please illicit as many detailed comments regarding interactions with Attendings and Residents as possible. You cannot initiate too many evaluations! For off-site rotations (RUHS, AHW, KMC, AdventHealth Orlando) your resident/attendings may not yet appear in MedHub. If you do not find them in MedHub, please send Kim (kjohnsto@llu.edu) the email address and name of those individuals and they will then be added to MedHub. The Dean's Office is asking that no paper evaluations be accepted so we do need to have everyone completing these in MedHub.

You will need to have a **minimum** of **THREE** completed *Yr3 Preceptor Final Evaluation of Student* forms for this rotation. You may initiate these to either residents or attendings but must have at least one attending evaluate you. Please submit a reciprocal evaluation when you initiate to faculty so that you are able to evaluate that faculty member as well. The Dean's Office requires that you give feedback on the attendings. It is also required that you initiate to someone on a surgical service (Gyn, Gyn Onc, FPMRS), someone in clinic (Outpatient/Ambulatory), someone on Night Float and/or someone in High Risk Ob. If you have questions about who to initiate to at your particular site, please ask the Clerkship Coordinator. These are an important part of the clerkship and will count as 25% of your final grade. These evaluations also provide valuable feedback for Dr. Hart for the Clerkship Director Final Evaluation. This is the only feedback she receives on you for your clinical performance!

Please initiate evaluations to those Residents and/or Attendings with whom you're working either during or **immediately** after you have finished that service. This feedback will help you to know both your areas of strength and weakness and will help the clerkship director know how you are progressing throughout the rotation. If you do not initiate evaluations, evaluations may be initiated on your behalf by the ObGyn Clerkship office.

## Request Performance Evaluation

Select the person whom you wish to evaluate you. This evaluation will be added to their evaluation queue.

Faculty Member:

Evaluation Form:

Special Options: None

Message to Evaluator: 

Examples:  
"Please complete a performance evaluation for me, sharing any interactions or highlights of the time I spent with you on L&D this week! Thank you! Written comments will be greatly appreciated as these go on my Dean's Letter"  
OR  
"Please complete a performance evaluation for me, evaluating my abilities in surgery with you yesterday. Thank you. Written comments will be greatly appreciated as these go on my Dean's Letter"

Your request for comments need to be specific – these comments will reflect your clinical performance and may go into your MSPE next year. You must be proactive about getting these comments!

Submit

*These evaluations may be initiated to at least one Attendings and then Residents – to make up your total of three. They all are weighted the same.*

**Note: For Attending (Faculty) evaluations, please use the option shown below so that you are able to evaluate the attending as well. You may also do this for residents!**

Reciprocal Evaluation:   
(optional)

## MID-ROTATION EVALUATION

**MID-ROTATION EVALUATION:** This is an evaluation that will be completed half-way through the rotation when you meet with the Clerkship Director to review your clinical performance to date on the rotation. Completion of this form is a Dean's Office requirement. This evaluation will be assigned by the clerkship coordinator to the appropriate attending for your clerkship. You do not have to initiate this evaluation. Problems or questions about the evaluation should be directed to your clerkship coordinator. On the third Monday of the rotation, the mid-rotation evaluation form is released on MedHub. You will have a scheduled appointment time to meet with Dr. Hart for mid-rotation feedback during the third or fourth week of your rotation. You will need to have feedback from at least one resident and/or attending prior to your meeting so please initiate at least one evaluation (Yr3 Preceptor form) early on so that she can discuss your progress to date. You will also be given the opportunity to share any concerns or matters of interest regarding the clerkship that you may have at that time.

**NOTE: The mid-rotation evaluation does not count toward your minimum of three Yr3 Preceptor Evaluation requirement.**



# OBJECTIVE STRUCTURED CLINICAL EVALUATION (OSCE)

OSCE OVERVIEW: There will be three OSCE stations. The patients are hired and trained by the Clinical Skills Education Center. Their case histories and names are fictitious. You will be evaluated on history taking, information sharing, and patient-physician interaction. The patients are your evaluators. All cases are interview only cases – no physical exams.

## OSCE CASES:

1. **Birth Control Request:** A new patient requests contraception. You will need to review appropriate histories: obstetrical, number of pregnancies and outcome, menstrual, sexual, contraceptive, medical, past medical and social histories. Discuss contraceptive options and methods that may or may not be appropriate for her based on her history and contraindications. Failure rates as well as advantages and disadvantages should also be covered.
2. **Return OB Patient:** A patient comes in for a return OB visit. You will need to review her OB records that will be provided for you. You will then need to ask her the appropriate questions and perform the appropriate exams based on her gestational age. This will be non-invasive, limited exams typically done on a return OB patient. You will be given a piece of paper to write down any labs, tests, meds or immunizations or anything else you want to order for your patient. You will need to hand this to the patient before you leave the room.
3. **Menopause:** This patient is coming in for an annual health maintenance visit just after entering menopause and has menopause symptoms. You will need to review appropriate histories for health maintenance including: menopause symptoms, bleeding, gynecologic, medication, past medical and social histories. As there is a lot to cover, you will only need to share information with the patient regarding treatment for menopause. **Tell** the patient, “I will review recommendations for your health maintenance and get back to you regarding the plan.” Once outside the room, you will write down a differential for vasomotor instability and write down all of your recommendations for health maintenance.

For each OSCE, you will have 10 minutes in the room with the patient and will not be performing a physical exam. You will also have 10 minutes outside the room to answer questions on the computer.

**EVALUATION OF HISTORY TAKING SKILLS:** You should take a history appropriate to the patient’s chief complaint. Your questions should be specific; not open-ended. Points will be given for asking specific questions, for appropriate identification, and for history taking. You should also review possible contraindications to medications that might be prescribed (i.e. OCPs or hormone therapy). Discuss the possible causes of the problem and address therapeutic options and additional tests that may be needed.

## EVALUATION OF INFORMATION SHARING:

Birth Control case: discuss the different methods of birth control  
Return Ob case: information given to patients should include gestational age appropriate education, warning signs, and testing that will need to be done.  
Menopause case: discuss treatment plan for menopause

**EVALUATION OF PATIENT RAPPORT SKILLS:** You will be rated by the patient on your patient / physician interaction in a number of areas such as made a personal connection, encouraged questions, listened attentively, spoke in layman’s terms, expressed sympathy, was respectful, involved me in deciding on a plan, etc. The patient will respond as follows:

*Strongly Agree:* Warm, interested in me as a person, greeted me by name, made a genuine connection.  
*Agree:* Made some effort to get to know me as a person but didn’t feel genuine.  
*Disagree:* Made no effort to know me as a person. Gave me the impression of being only interested in me as a disease or symptom.

## ii NBME and Final Days

**OBJECTIVE STRUCTURED CLINICAL EVALUATION (OSCE):** This exam is scheduled on the last Thursday of the rotation.

**OB-GYN SUBJECT EXAMINATION: Passing score for Class of 2025: 66.** This exam date and time is determined by the Dean's Office. The Dean's Office also administers the exam usually on the last Friday of the rotation in Mortensen Testing Center or via ZOOM unless otherwise announced.

**HOW YOU RECEIVE SCORES:** Approximately 2 – 3 weeks after the completion of the rotation, you will receive an updated grade memo listing your final total score and final status: (honors, high pass, pass, etc.). We receive clinical evaluations after the rotation is over and these couple of weeks gives the staff more time to submit their evaluations. Regarding subject exams scores: The Dean's Office receives your scores and emails a copy to us. We will send your OSCE and NBME score and performance profile to your LLU email once we receive it (generally the Monday following exams).

**FINAL CLINICAL EVALUATION:** A final composite clerkship evaluation will be completed on MedHub by the Clerkship Director.

## iii Supplemental Clinical

Professionalism (2% of Final Grade): Please demonstrate respect for instructors and the educational process through adequate preparation, active participation, punctuality and timely completion of requirements.

Radiology (4% of Final Grade): Aquifer Modules

Prev Med (4% of Final Grade): Canvas Assignment

Practice OSCE (5% of Final Grade): Due date must be met and instructions followed for full credit.

## iv Quizzes

Quizzes will be administered throughout your rotation. You will have five quizzes over weekly didactics material, one over Breastfeeding, five over your Team Based Learning Modules (combined score of IRAT (75%) and TRAT (25%)), and one for your Clinical Skills Assessment. These quizzes will be available via Canvas and will be proctored via Zoom. Please see your OBGYN Student Assignments & Didactics Schedule for detailed dates and times. These quizzes will count toward 15% of your final grade.

## v Graded H&P

Students will be required to submit a *typed/written* History and Physical (**H&P**) that has been critiqued by an OBGYN resident or attending. The H&P will be for a new OB or GYN admit. Please upload to Canvas with comments and name of resident/attending who reviewed! Please black out patient's name, birth date, etc., before uploading.

## **6. Predetermined Clinical Experiences – OBGYN Clerkship, Class of 2025**

1. Students will provide care for obstetrics patients in the outpatient setting and be able to educate them on appropriate rationale for and timing of antenatal testing, warning signs, symptoms, and the means to optimize pregnancy outcomes.

*Each student will see at least two antepartum patients in the clinic setting.*

2. Students will care for a woman throughout the progressive stages of labor and be able to evaluate labor progress and status of the fetus.

*Each student will care for at least two laboring patients.*

3. Students will scrub in and actively participate in the care of a woman in the second stage of labor undergoing a vaginal delivery.

*Each student will participate in at least one vaginal delivery.*

4. Students will actively care for a patient requiring a cesarean delivery by scrubbing in and participating in the surgery and if possible caring for the patient preoperatively and/or postoperatively.

*Each student will participate in the surgery and pre or postoperative care of at least one patient undergoing a cesarean section.*

5. Students will actively promote breastfeeding and educate antepartum or postpartum patients about the neonatal and maternal benefits of breastfeeding in the outpatient and/or inpatient settings.

*Each student will educate at least two patients of the benefits of breastfeeding.*

6. Students will care for women in the childbearing years in the outpatient and/or inpatient settings and be able to discuss family planning and make recommendations about appropriate methods of birth control for their patients.

*Each student will counsel at least two patients in family planning.*

7. Students will be educated on preventive health screening for women throughout the lifespan and have opportunities to educate women on disease prevention, health maintenance and other means of optimizing their health.

*Each student will participate in the health care education and screening of at least one patient.*

8. Students will provide care for women requiring a gynecological exam for either well woman care or workup of pathology and will have opportunities to actively participate in this examination on women in an outpatient setting.

*Each student will perform at least one gynecological exam.*

9. Students provide care for women with a variety of gynecological pathology and will have opportunities to scrub into surgeries and care for patients in the postoperative phase of their care in the inpatient setting..

*Each student will care for at least one patient with a gynecological cancer and at least one patient with either a urogynecological condition or a nonmalignant gynecological condition.*

10. Students provide care for patients in the gynecological postoperative phase of their care in the inpatient setting.

*Each student will participate in postoperative gynecological surgery care.*

11. Students will provide care for women requiring STI screening.

*Each student will evaluate a patient for STIs.*

## **7. Didactics/Workshops/Other Learning Activities**

### **FRIDAY DIDACTICS - INTERACTIVE TEACHING SESSIONS**

**SOURCE MATERIAL:** Beckmann and Ling's *Obstetrics and Gynecology*, 8th edition

**Overview:** You are encouraged to use the many other excellent sources of information, including other textbooks, review books, computer tutorials, etc., to enhance your learning. However, we will be generalizing the course didactic material around Beckmann and Ling's *Obstetrics and Gynecology*, 8<sup>th</sup> edition. Friday morning conferences are scheduled from 9:00 a.m. to 12 noon and will be teleconferenced/Zoomed between all sites. Conference locations will be determined by your rotation sites. The conferences will be in a question and answer teaching format. You should study the chapters in the weekly reading assignments throughout the week so you can participate actively in Friday conferences. The Friday conferences are a review of the weekly reading assignment.

#### **CORE LECTURES (1<sup>ST</sup> DAY OF ROTATION)**

(Quiz questions may pertain to these chapters throughout the rotation.)

<u>Chapter #</u>	<u>Title</u>
1	The Woman's Health Examination and Women's Health Care Management
2	The Obstetrician-Gynecologist's Role in Screening and Preventive Care
6	Preconception and Antepartum Care
8	Intrapartum Care
11	Postpartum Care

#### **1<sup>ST</sup> THROUGH 5<sup>TH</sup> FRIDAY:**

There will be a weekly reading assignment for each week taken from the required textbook. The topics for the week are listed on the Friday Conference Schedule posted on Canvas. The reading assignments are divided into blocks of eight chapters. The blocks and chapters are listed below. **(The order of the lecture blocks will fluctuate per rotation.)**

<u>Block 1:</u>	5, 7, 9, 10, 12, 19, 20, 23, 24	(FOCUS = Obstetrics)
<u>Block 2:</u>	13 – 18, 21, 22, 25	(FOCUS = Obstetrics)
<u>Block 3:</u>	26 - 30, 32, 35, 36	(FOCUS = Gynecology)
<u>Block 4:</u>	31, 37 - 43	(FOCUS = Reproductive Endo & Infertility)
<u>Block 5:</u>	33, 44 - 50	(FOCUS = Gyn-Oncology)

#### **SELF-STUDY:**

3	Ethics, Liability, and Patient Safety in Obstetrics and Gynecology
4	Embryology and Anatomy
34	Gynecologic Procedures

## Individualized Learning Options

### 25% Reduced Clinical Time OBGYN Clerkship Class of 2025

Reduced clinical time for the OBGYN clerkship curriculum was approved by the LLU School of Medicine Curriculum Committee four years ago. This reduced clinical time is intended to enable you to have more time to study and to learn about OBGYN concepts, topics that you have had minimal exposure to during your first two years of medical school. Each of you will be provided with 2.5 half days and one full day off from service - two from your time spent on the L&D unit and the other two from days allocated to time in the OR. No time will be eliminated from scheduled clinics, didactics nor from your time spent rounding. Thus, **when assigned an ILP day, you will round with the team you are on each day and once completed will then be excused to study.** If you are at one of our away sites, RUHS, AHWM, Kettering or AHO please carefully review your schedule to make sure it has these 2.5 half days (Fridays) and one full day scheduled for your ILP time. If not, please notify the Clerkship Coordinator. You will also be excused from service for ten additional hours during the rotation for the five two-hour TBL's.

- A. Half the time consists of five two-hour TBL's which you will be expected to prepare for utilizing the provided reading material which is in Canvas (under Modules). The majority of the TBL's will be on Monday afternoon 4-6 PST via zoom. If Monday is a holiday, the TBL will be on a Thursday. You will take the IRAT which is based off the reading material and will be quizzed on this material (worth 75% of your TBL quiz score). You will also each take the TRAT (worth 25% of your TBL quiz score). These five quizzes will be counted equally toward your overall quiz grade, along with your weekly didactic quizzes, breastfeeding quiz and clinical skills assessment. Prepare adequately for these because they will count toward your final grade.

*Hypertensive Disorders of Pregnancy*  
*Amenorrhea and Abnormal Uterine Bleeding*  
*First Trimester Bleeding & Third Trimester Bleeding*  
*Abnormal Labor & FHR Tracings*  
*Diabetes in Pregnancy*

- B. The other half of the time is to be spent on your **individualized learning plan (ILP)** which consists of two activities. You will need to pick one from each of these activities and upload your ILP into Canvas. If you pick the **other option** for either of these activities you will need to email Dr. Hart by midnight, day two of rotation, for approval. Half of these two ILP activities will need to be submitted into Canvas midway through the rotation and the final by the last Tuesday of your rotation. It is fine to submit all of #1 midway and then all of #2 at the end or a combination of the two at the midway point. Dates will be specified on Canvas.
  - i **Practice tests** with below options. You will need to upload evidence of your scores into canvas. All submissions must show total number of OBGYN questions completed and your name. Please choose one option from the list below as Part 1 of your ILP.
    - a. UWorld – 320 questions
    - b. Retired NBME questions plus other test questions, AMBOSS, UWorld or another option which will need to be approved by Dr. Hart. You should complete a total of 320 test questions.
    - c. uWise - 320 questions
    - d. AMBOSS – 320 Test Questions
    - e. Other question bank as approved by Dr. Hart
  - ii **Demonstration of grasp of the topics** with one of the below options. This will need to be uploaded into canvas. Please choose one option from the list below as Part 2 of your ILP.
    - a. Write out 35 core clinical cases, full page typed or hand-written. It is fine to include charts, graphs or flow diagrams if this helps you to learn the material.

- b. Watch all of the OnlineMedEd <https://home.onlinemeded.org/> videos; OB 8.9 H and GYN 7.9 H and type or write at least a half page summary of what you learned for each of these (total of 38 videos, 19 due midway). It is fine to include charts, graphs or flow diagrams if this helps you to learn the material.
- c. Write 35 original multiple-choice test questions with explanation of right and wrong answers. These questions should be inspired by textbook chapters, APGO videos or OnlineMedEd with answer key explaining as to why an answer is right or wrong. You will need to write one question for each of the 35 core clinical case topics. Please email the clerkship coordinator if you choose this option so you can receive instructions on how to write test questions. The first question written will need to be sent to Dr. Hart to review before proceeding with the remaining questions.
- d. Anki, a spaced repetition/active recall digital flashcard program (1000 or > card deck). You will need to upload completion of this in Canvas utilizing the pie chart method as well as write at least a half page summary of what you learned for each of the core clinical case topics (35). It is fine to include charts, graphs or flow diagrams if this helps you to learn the material.
- e. Other options will need approval by Dr. Hart.

**Note: You will be required to complete and upload to Canvas a “Letter of Attestation” for each ILP day. Please see below:**

### **Letter of Attestation for Independent Learning Plan Assignments**

Date: Click or tap to enter a date.

This note is to confirm that I have completed eight Independent Learning Plan hours today.

I completed the items listed below today. **(Please include the numbers completed for each item)**

Click or tap here to enter text.

*(i.e. 240 UWorld Questions, watched 9 Online MedEd videos and wrote up summaries of these.)*

I attest that I have completed all of the above activities today.

Student Digital Signature: Click or tap here to enter text.

### **Friday Interactive Lectures & TBLs**

During your OBGYN clerkship rotation you will be required to participate in team-based learning activities as well as interactive lectures. Prior to each lecture, you will have a Quiz that relates to that day’s lecture material. Please come prepared. Your quiz grades do count toward your final clerkship grade. Your lectures & quizzes take priority over any clinical duties (i.e. do not skip lecture because you are in surgery – politely let your resident/attending know that you need to be excused for required didactics). Make-ups for missed quizzes will not be given.

### **Reviews**

During each rotation, an OSCE review as well as an NBME review will be scheduled. For the NBME review, everyone who wants to attend will need to purchase an NBME Practice Test and show proof of purchase by uploading to Canvas. These review sessions are not mandatory but you are highly encouraged to attend. These reviews will help you to be successful during exam week! The School of Medicine will reimburse your purchase of at least one practice exam per clerkship. It is now a clerkship requirement to purchase and take at least one exam per rotation. If you choose not to attend these review sessions then you are required to stay on service for your regularly scheduled shift.

### **Simulation Lab**

During the final two weeks of the rotation you will be scheduled for a Simulation Lab. This session is mandatory.

# EDUCATIONAL RESOURCES

**REQUIRED TEXTBOOK:** The required textbook for the Obstetrics and Gynecology Junior Clerkship is Beckmann and Ling's *Obstetrics and Gynecology*, 8th edition. Didactic and examination material will be based on the contents of this textbook. This textbook was written specifically for medical students in obstetrics and gynecology and adheres to the national clerkship educational objectives. We have a limited number of loaners available for a deposit of \$50.

## SUGGESTED REVIEW BOOKS:

1. *Blueprints in Obstetrics and Gynecology*, - Caughey, Callahan, and Heffner
2. *Board Review Series (BRS): Obstetrics and Gynecology*, - Sakala
3. *First Aid for the Obstetrics and Gynecology Clerkship*, - Stead, Kaufmann, Johnson, Feig
4. *High Yield Obstetrics and Gynecology*, - Sakala
5. *Case Files Obstetrics and Gynecology*, - Toy, Baker, Ross, Gilstrap

**OB-GYN WEBSITE:** The Association of Professors of Gynecology and Obstetrics (APGO) has a website with a section for medical students as well as other resources such as residency information. Website: [www.apgo.org](http://www.apgo.org) and [Student Resources](#). This log-in information is only to get into the APGO site only and not for the uWISE quiz.

## 9. Clerkship Specific Items: Call Duties

### OBSTETRICAL CALL

Expectations for medical students:

1. **BE AVAILABLE** whenever a patient comes to the labor and delivery area. Follow the direction of the residents on call. At their discretion, you may:
  - Take patient history and formulate differential diagnosis to report to the resident
  - Examine patients with resident and nurse supervision
  - Assist the resident in making a plan of management
2. **ON ARRIVAL OF THE PATIENT FOR A TRIAGE ISSUE**, you should be able to assist the resident in evaluating common problems seen in patients presenting to L&D, such as:
  - Decreased fetal movement
  - Nausea or vomiting
  - Vaginal bleeding
  - Possible rupture of membranes
  - Abdominal pain
  - Preeclampsia workup
3. **ON ARRIVAL OF THE PATIENT FOR A LABOR CHECK**, you should be able to:
  - Define true labor, false labor, and preterm labor
  - Determine which type of labor your patient has based on your history and exam
  - Evaluate the patient's antepartum care by careful review of her chart
  - Decide whether the patient should be admitted, or not
4. **DURING THE FIRST STAGE OF LABOR**, you should be able to:
  - Determine the fetal lie and presentation
  - Describe a normal vs. an abnormal labor pattern
  - Recognize the normal duration of first stage for multipara and primipara
  - Describe the components of a cervical examination (dilation, effacement station) & perform one
  - Understand and draw a labor curve (Friedman)

Assess fetal status by monitoring fetal heart rate patterns  
Assess the need for and type of analgesia/anesthesia

5. DURING THE SECOND AND THIRD STAGES, you should be present at delivery to:
  - Evaluate the duration and normalcy of second and third stages
  - Ongoing assessment of fetal status
  - Perform and/or assist with delivery of the infant
  - Delivery and assessment of the placenta
  - Recognize the dangers of the second and third stages
6. ASSESS THE NEWBORN INFANT after delivery in respect to:
  - One and five minute Apgar scores
  - Degree and type of resuscitation required/performed
  - Appropriateness of weight for gestational age
  - Brief physical exam/congenital anomalies

## **ADDITIONAL INFORMATION REGARDING LLUMC NIGHT FLOAT AND CALL DUTIES (FOR BOTH L&D & SURGERIES)**

### **General Expectations for patient encounters:**

**L&D: Arrive on time, round with the team, read up on all patients, see up to 4 patients and write notes on all of these including assessments and plans, be prepared to present to the team,**

**Surgeries: Arrive on time, scrub in, read up on all patients scheduled for surgeries for indications for surgery, research procedure/surgery prior to surgery, be prepared to ask and answer questions regarding patient and/or surgery, be helpful in the OR (i.e. transferring patient, cleaning up, prepping, etc.)**

Students assigned to night float are not to sleep in the Resident workroom during their shift. Please sleep at home during the day and be available during the night shift to participate and learn about Obstetrics by working up patients in triage and following patients through their stages of labor and delivery. Both Day Call and Night Float students are to stay and participate in sign-out at the end of their shifts.

Students are encouraged to accompany Residents into the workroom when participating in patient care, since Residents discuss and document patient care in the workroom.

If you would like to converse with one another regarding personal lives or study, please gather in the sign-out room, as long as it is not being used. You can get on the computer in the sign-out room to see when new patients are admitted to triage, and also to follow the progress of laboring patients.

**LLU Student Call Duties:** If your schedule reads, “L&D CALL”, please cover L&D only. If your schedule reads, “Triage”, please cover triage only. When you report for duty, please let the attending physicians and residents know where you have been assigned to cover so there’s hopefully less confusion. If you are scheduled for night float or call on Friday through Sunday, you will be covering both triage and L&D. Look on your schedule to see how your call is listed and match it to the specific call heading in the Weekly Schedule Assignment Information document and read the information. It lists the area(s) you will be covering. **Every duty that is on your weekly schedule is listed and explained in that handout.** Locations, times, and directions to offsite clinics are also listed. After reviewing the handout, if you still have questions, please let Kim know. Dr. Hart’s goal is for students to be active members of the Obstetric teams, learn the basics of Obstetric patient care and participate in deliveries with supervision, and have a great time on the rotation.



## OB-GYN CLINICAL DUTY WORK HOUR LIMITATIONS

CLINICAL STUDENT WORK HOURS CATEGORY: Medical Education COORDINATOR: Dr. Tamara Shankel Governing Policy: Related Entity Specific Policy: Background Loma Linda University School of Medicine recognizes the importance of balance and wholeness in student's lives. It is also imperative that students gain valuable clinical experience, which includes caring for patients during night and weekend hours. In addition to the educational value of caring for patients in these hours, it is also essential that students develop professionalism and altruism in learning to put patients' needs ahead of their own when necessary. Part of professionalism is for students to develop personal habits (work, study, rest, etc.) that allow them to present themselves for duty prepared to learn and care for patients. Student safety is of the utmost importance. Students who are too tired to drive home after working will be allowed to use a call room in the hospital to rest until they believe they are safe to drive home. Policy In general, students should not work more than interns and residents. Therefore, the residency work hour limitations will also apply to students as follows:

1. Students will not work more than 80 hours per week when averaged over four weeks.
2. Students will have one day in seven off work when averaged over four weeks.
3. Students will not work more than 24 hours in a shift/call, with an additional 4 hours allowed for handoff of care and educational activities.
4. Students should have 8 hours free of duty between workshifts.
5. After a 24-hour shift, students should have 14 hours free of duty.
6. Clerkship educational committees will designate specific work hour expectations and inform students, faculty and residents of these expectations.
7. If a student chooses to work outside of required clerkship responsibilities, they are required to ensure that their total work hours and clerkship responsibilities do not violate the above work hour policies. Students who choose to work should notify the Office of the Associate Dean for Student Affairs.

Work hours activities include patient care and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours. Home call does count towards work hour maximums. Clerkship directors are responsible for monitoring student work hours. Work hour compliance should be confirmed with students at the mid---rotation evaluation, and at the end of the clerkship. Students who believe that they are being asked to violate work hour limitations should first meet with the Clerkship Director. If the clerkship director is not available, or does not address the student's concerns to their satisfaction, they should meet with the Associate Dean for Clinical Education or the Senior Associate Dean for Medical Education

## ADDITIONAL CLERKSHIP REQUIREMENTS

**CLINICAL SKILLS LOG:** This is a single sheet that can be found on Canvas (OBGYN Resources Module). All skills will need to be completed at your hospital site. Begin working on getting these skills signed off from the first week of the rotation. If, by mid-rotation, you have not completed certain skills, please let your residents and attending physicians know which skills you still need to complete. When all skills have been completed, submit the completed log onto Canvas.

**MID-ROTATION EVALUATION FORM:** This MedHub evaluation is a School of Medicine requirement. It must be completed during your rotation. Please follow up with the Attending assigned to complete yours. If you have questions, please contact the Clerkship Coordinator.

**PATIENT LOG:** Please log every patient that you see in clinics and on the wards on the form found in Canvas (OBGYN Resources Module). At the end of the rotation, submit your completed log on Canvas.

**ONLINE COURSE EVALUATION:** Please remember to complete your course evaluation survey for the Dean's Office when the rotation has been completed. This is a Dean's Office requirement. This survey is on MedHub.

In addition, please complete the Satisfaction Survey for the OBGYN Clerkship, also located on Canvas. Dr. Hart values your opinions and needs your feedback!

**ONLINE RESIDENT EVALUATIONS:** Our residency office requests that you complete an online evaluation for each resident you've worked with as well. You should send "reciprocal" evaluations to all residents that you request an evaluation from - The residency director will be reviewing these evaluations with the residents semi-annually. The evaluations will be anonymous. Comments are most helpful but please remember to state negative impressions constructively. Please notify Kim Johnston ([kjohnsto@llu.edu](mailto:kjohnsto@llu.edu)) if your resident/attending does not appear in the list of options on MedHub.

**Additional Information:** How to navigate Medhub as a student, <https://youtu.be/4eVC4QuPiLk>

### **PREVENTIVE MEDICINE OBJECTIVES FOR THE OBGYN JUNIOR CLERKSHIP:**

1. Utilize the principles of motivational interviewing in a live patient interview
2. Identify and act upon your patient's stage of change as defined by the transtheoretical model
3. Formulate a SMART Plan with your patient to encourage practical lifestyle changes, if appropriate
4. Use the Prevention TaskForce app to access USPSTF screening recommendations for your patient
5. Compare and contrast these recommendations with those of other professional medical associations
6. Use the ASCVD plus calculator to discuss cardiovascular risks with your patient.

### **RADIOLOGY AQUIFER MODULES LEARNING OBJECTIVES FOR THE OBGYN JUNIO CLERKSHIP:**

#### **Case 14: Pregnancy and Fertility**

Upon completion of the cases, the student should be able to:

- Describe how to manage a palpable breast mass in a young patient.
- Discuss the imaging workup for infertility.
- Describe options for imaging abdominal pain in a pregnant patient.
- Incorporate the ultrasound findings of an "empty uterus" with the clinical data in suspected ectopic pregnancy.
- Discuss the imaging management of suspected ectopic pregnancies and the correlation with clinical data.
- List four indications for first-trimester ultrasound.
- List four indications for second- and third-trimester ultrasound imaging.
- Describe potential radiation risks to the fetus and dose reduction.

#### **Case 15: Malignancy and Screening**

Upon completion of the case, the student should be able to:

- Describe the current recommendations for screening mammography.
- Differentiate between indications for "screening" and "diagnostic" mammography.
- List common abnormalities that can be seen on mammograms.
- Outline BI-RADS categories and their implications for patient management.
- Describe the approach to screening for patients who are at high risk for breast cancer, with mammography and MRI.
- Describe when and how patients at increased risk of ovarian cancer should be screened.
- Identify the threshold for abnormal endometrial thickness in a post-menopausal patient and next step management.
- Describe clinical applications of sonohysterography.
- Describe how to evaluate post-menopausal vaginal bleeding.

**The following survey allows students to give anonymous feedback about any form of curriculum or the learning environment that does not promote diversity, equity and inclusion in real time. This will be used to inform action to improve curriculum.**



*Obstetrics and Gynecology* 8th Edition by Beckmann and Ling  
Reading Assignment Blocks

CHAPTERS

Core Lectures:	1	The Woman's Health Examination and Women's Health Care Management
	2	The Obstetrician-Gynecologist's Role in Screening and Preventive Care
	6	Preconception and Antepartum Care
	8	Intrapartum Care
	11	Postpartum Care
BLOCK #1	5	Maternal-Fetal Physiology
	7	Genetics and Genetic Disorders in Obstetrics and Gynecology
	9	Abnormal Labor and Intrapartum Fetal Surveillance
	10	Immediate Care of the Newborn
	12	Postpartum Hemorrhage
	19	Ectopic Pregnancy and Abortion
	20	Endocrine Disorders
	23	Hematologic and Immunologic Complications
	24	Infectious Diseases
BLOCK #2	13	Multifetal Gestation
	14	Fetal Growth Abnormalities
	15	Preterm Labor
	16	Third Trimester Bleeding
	17	Premature Rupture of Membranes
	18	Post-term Pregnancy
	21	Gastrointestinal, Renal, and Surgical Complications
	22	Cardiovascular and Respiratory Disorders
	25	Neurologic and Psychiatric Disorders
BLOCK #3	26	Contraception
	27	Sterilization
	28	Vulvovaginitis
	29	Sexually Transmitted Diseases
	30	Pelvic Support Defects, Urinary Incontinence, Urinary Tract Infection
	32	Dysmenorrhea and Chronic Pelvic Pain
	35	Human Sexuality
	36	Sexual Assault and Domestic Violence
BLOCK #4	31	Endometriosis
	37	Reproductive Cycles
	38	Puberty
	39	Amenorrhea and Abnormal Uterine Bleeding
	40	Hirsutism and Virilization
	41	Menopause
	42	Infertility
43	Premenstrual Syndrome	
BLOCK #5	33	Disorders of the Breast
	44	Cell Biology and Principles of Cancer Therapy
	45	Gestational Trophoblastic Neoplasia
	46	Vulvar and Vaginal Disease and Neoplasia
	47	Cervical Neoplasia and Carcinoma
	48	Uterine Leiomyoma and Neoplasia
	49	Cancer of the Uterine Corpus
50	Ovarian and Adnexal Disease	
Self-Study:	3	Ethics, Liability, and Patient Safety in Obstetrics and Gynecology
	4	Embryology and Anatomy
	34	Gynecologic Procedures