Obstetrics and Gynecology

Department of Obstetrics & Gynecology
MS 312
2019-2020

Clerkship Director: Padma Kandadai, MD, MPH
Associate Clerkship Director: Ebonie Woolcock, MD, MPH
Clerkship Coordinator: Makeba Kent
Ob/Gyn Syllabus

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## Medical Education Program Objectives

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<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tr>
<td><strong>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</strong></td>
<td>B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)</td>
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<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
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<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
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<td>B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5)</td>
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<td><strong>U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)</strong></td>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
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<td>U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)</td>
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<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
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<td>U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)</td>
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<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
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<td>U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
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<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
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<td>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
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<td></td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
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<td>U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
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<td><strong>C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</strong></td>
<td>C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)</td>
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<td>C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
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<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
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<td>C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
</tr>
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<td></td>
<td>C.5 - Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)</td>
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<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
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<td>C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)</td>
</tr>
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<td></td>
<td>C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3)</td>
</tr>
<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
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<td><strong>A</strong> - Acts in accordance with highest ethical standards of medical practice (Professionalism)</td>
<td>A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  &lt;br&gt; A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  &lt;br&gt; A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  &lt;br&gt; A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  &lt;br&gt; A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  &lt;br&gt; A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5)</td>
</tr>
<tr>
<td><strong>R</strong> - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)</td>
<td>R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  &lt;br&gt; R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  &lt;br&gt; R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10)</td>
</tr>
<tr>
<td><strong>E</strong> - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)</td>
<td>E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  &lt;br&gt; E.2 - Set learning and improvement goals. (3.2)  &lt;br&gt; E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  &lt;br&gt; E.4 - Incorporate feedback into daily practice. (3.5)  &lt;br&gt; E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  &lt;br&gt; E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  &lt;br&gt; E.7 - Manage conflict between personal and professional responsibilities. (8.3)</td>
</tr>
<tr>
<td><strong>S</strong> - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)</td>
<td>S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  &lt;br&gt; S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  &lt;br&gt; S.3 - Use information technology to optimize learning. (3.7)  &lt;br&gt; S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  &lt;br&gt; S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  &lt;br&gt; S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  &lt;br&gt; S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  &lt;br&gt; S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)</td>
</tr>
</tbody>
</table>
Third Year Learning Objectives

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicates effectively with the interprofessional team (S.9)

Obstetrics and Gynecology Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

At the end of the 3rd year clerkship in Ob/Gyn, the BUSM student will be able to:

- Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability. (B.3,B.2, B.4)
- Perform a medical interview and physical examination with confidence and incorporate ethical, social, and diversity perspective to provide culturally competent health care. (C.1)
- Apply recommended prevention strategies to women during their entire life. (U.6)
- Recognize their role as a leader and advocate for women. (B.4)
- Exhibit the knowledge of preconception counseling including: genetics, medical conditions, and environmental factors on maternal and fetal health. (U.8)
- Explain normal physiologic changes during pregnancy and interpret common diagnostic studies. (U.1,C.1)
- Demonstrate knowledge of intra partum care. (U.4, U.5, U.6, R. 2, R.3, S.5)
- Illustrate menstrual cycle physiology, discuss puberty, abnormal bleeding and menopause. (U.2, U.3, U.7, U.8)
• Depict the etiology and evaluation of infertility and pediatric gynecology. (U.8, U.9, U.10)
• Develop a thorough understanding of contraception, including sterilization and abortion. (R.2, R.3, B.1, B.2, B.4)
• Display knowledge of common benign gynecological conditions including but not limited to urogynecology, vulvar disease, and STI’s. (U.1, U.2, U.3, U.5, U.7)
• Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain. (U.7, U.8, U.9, U.10)
• Explain common breast conditions and outline the evaluation of breast complaints. (U.4, U.7, U.10, R.3)
• Demonstrate knowledge of perioperative care and familiarity with gynecological procedures. (U.3, U.4, U.9, R.3)
• Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation. (U.4, U.7, U.8, U.10, B.1)
• Provide a preliminary assessment of patients with sexual concerns. (B.1, U.7, U.8, U.9)
• Perform a pelvic and breast exam under supervision according to the competency based evaluation guidelines. (U.1, E.1, E.5, B.1, B.4)
• Demonstrate the ability to gather a focused gyn history, perform an appropriate prenatal visit, illustrate motions of vaginal delivery and communicate effectively in oral and written presentations. (C.1, C.2, E.1, E.2, E.5, E.6)
Contact Information

Clerkship Director
Padmasini Kandadai, MD, MPH
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Makeba Kent
Medical Education Coordinator
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Email: Makeba.Kent@bmc.org
Pager: 6700
Office: Dowling Building, 4th Floor, Room 4315

Clerkship Description

Focus of clerkship
The purpose of this 3rd year rotation is to provide instruction in the basic knowledge and skills specific to the reproductive health maintenance and disorders of women, to emphasize the importance of quality obstetrics and gynecology in providing continuous comprehensive care for women, and to prepare the student for his/her future role as a physician.

Students in the 6-week Obstetrics and Gynecology Clerkship are placed at Boston Medical Center, Beverly Hospital, Mount Auburn, Framingham Metrowest Medical Center, Saint Elizabeth’s Hospital, Norwood Hospital, Lowell General/Lowell Community or Kaiser, San Jose, CA. Each block of students will spend time on Inpatient Obstetrics, Inpatient Gynecology/Surgery, and Outpatient OBGYN at all sites. Throughout the rotation, ambulatory experiences are obtained in both general and specialty clinics. During the inpatient gynecology rotation, six of the students (from Boston Medical Center) will be based at the Lahey Clinic in Burlington, MA.

Students will receive teaching as appropriate, from attending physicians, residents, midwives and other providers involved in the care of patients in our practice. Each student will have a weekly continuity
experience with a general Ob/Gyn faculty member, participating in their clinic for the entire 6-week block. Students will take overnight or evening shifts no more than 6 times in a block, and will go home after an overnight shift. In addition to the clinical experiences, there are required weekly didactics sessions each Wednesday. The topics for these sessions are derived from Association of Professors of Gynecology and Obstetrics (APGO) Medical Student Educational Objectives, 10th Edition (2014).

Pre-requisite knowledge and skills
Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Prior to beginning the clerkship the BUSM Student should know the following:
• Associate the male and female embryological urogenital structures with their adult counterparts.
• Compare changes in the male and female urogenital tracts from birth through senescence.
• Describe how sex chromosomes determine gonadal sex and compare the clinical manifestations of aberrant sex chromosome number or composition.
• Describe the role of androgens in the differentiation of the urogenital tract.
• To review and understand the endocrinology and physiology of the normal menstrual cycle.
• To recognize the various disorders along the hypothalamic, pituitary, ovarian and uterine axis which lead to irregular menses and secondary amenorrhea.
• To understand the pathophysiology and diagnostic criteria of Polycystic Ovarian Syndrome.
• To be able to evaluate women with secondary amenorrhea.
• Distinguish between anovulatory causes of abnormal menstrual function and those due to organic lesions in the reproductive tract.
• Understand the peculiarities of pelvic visceral innervation and the pathogenesis of chronic pelvic pain.
• Become aware of the full spectrum of modern diagnostic and therapeutic tools available for management of menstrual disorders and pelvic pain.
• Appreciate the importance of individualized management and the opportunities for preventive healthcare in women presenting with menstrual irregularities.
• Recognize the unspoken concerns of women presenting with pelvic pain and menstrual irregularities.
• Understand the effects of estrogens and progestins in women
• Understand the effect of various contraceptive methods on the menstrual cycle
• List common contraceptive methods and the basis of action for each
• Describe medical conditions that might influence eligibility for the provision of certain contraceptive methods
• Understand the epidemiology, biology and clinical manifestations of common sexually transmitted infections.
• Understand the modes of transmission of common sexually transmitted infections and prevention strategies in men, women and neonates.
• Describe the pathogenesis of fibroids.
• Describe the pathogenesis of uterine polyps.
• Describe the pathogenesis of uterine synechiae in Asherman syndrome.
• Describe the pathogenesis of fallopian tubal disease and hydrosalpinx.
• Describe the theories of the pathogenesis of endometriosis.
• Review the epidemiology of the major reproductive tract malignancies in women
• Learn the pathophysiology of the major reproductive tract malignancies in women
• Understand the basic anatomy, physiology, and endocrinology required for proper fertility
• Explain the definition of infertility and the major causes of infertility
• Describe the workup of an infertile couple
• Describe the medical treatment of infertility
• Understand the basic treatment involved with In Vitro Fertilization
• Review fertilization and maternal recognition of pregnancy
• Understand the role of chromosome number and origin in successful pregnancy
• Review the endocrinology of pregnancy
• Delineate the maternal response to pregnancy for each organ system
• Highlight key areas in which maternal adaptations lead to pregnancy complications

Site Information
Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office’s Student Resources page at http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo.

Beverly Hospital
83 Herrick St., Beverly MA 01915
Site Director: Melissa Sherman MD, mjsheeranmd@gmail.com
Site Administrator: Robin Stewart, (978) 927-4800, rst@ecobgyn.org

The physicians and midwives who work at Beverly Hospital are members of a private practice. There is no clinic and it is rare that an “unassigned” patient will arrive to labor and delivery. Students will be assigned to work with physicians and midwives in both the hospital and the office setting. Due to the private nature of the specialty, students must conduct themselves with the utmost of respect and professionalism during all aspects of the rotation.

Framingham MetroWest Medical Center
115 Lincoln St., Framingham, MA 01702
Site Director: David Goldberg MD, davidgo@hotmail.com
Site Administrator: Ellen Farrell, (508) 383-8727, Ellen.Farrell@mwmc.com

• Formal didactic lectures daily and daily morning rounds.
• Evaluation of patients in outpatient clinic once a week, working 1:1 with Tufts residents
• Evaluation of antepartum, intrapartum and postpartum patients on the obstetrical service. Attendance in perinatology and genetic/amniocentesis clinics.
• Evaluation of gynecological patients. Students are expected to scrub in on surgical cases and follow the patient from admission to discharge.
• The preceptor/student ratio is 1:2. There is 1:1 student progress meeting with the Clerkship Director at the halfway point of the rotation. Students are supervised by resident physicians in Ob/Gyn and attending physicians

Kaiser Permanente, San Jose
276 International Circle, Family Health Center, 2nd Floor, Unit F San Jose, CA. 95119
Site Director: Katie Lemieux MD, (408) 362-4740, Katie.L.Lemieux@kp.org
Kaiser Permanente is a pre-paid integrated health care system with emphasis on prevention and quality. The BUSM OB/GYN Clerkship will allow students to work closely with Physicians and Midwives to prepare them for sub-internships in OB/GYN, its subspecialties, or other fields. Students will appreciate a high volume environment on Labor and Delivery, in the clinics, and in the operating room for a broad overview of Women’s Health Care and to appreciate the opportunities in the field of OB/GYN.

Lahey Clinic (Inpatient Gynecology Only)
41 Mall Rd., Burlington, MA 01805
Site Director: Alison Dick MD, Alison.B.Dick@lahey.org
Site Administrators: June Digiammerino, (781) 744-8561, June.M.Digiammerino@lahey.org
Ann Marie Fusco-Bartley (781) 744-8564, annmarie.fusco-bartley@lahey.org

You will be in the OR at Lahey every day. You should wear scrubs every day of the week. Wear your white coat over your scrubs if you are not in the Pre-Op Holding, the OR, or PACU. In other words, if you are not doing something associated with the OR or if you are up on the floors, you should wear your white coat. On weekends, some of the residents wear scrubs or professional attire, but all the Attendings wear professional attire. You can wear your scrubs and white coat on the weekends.

Lowell Community Health Center and Lowell General Hospital
161 Jackson Street, Lowell, MA 01852
Site Director: Peter Kuhlmann MD, kuhlmani@yahoo.com
Site Coordinator: Nicole Marques (978) 937-9700 nicolema@lchc.org

Lowell Community Health Center is a multi-specialty health center committed to improving the health of patients it serves through prevention, treatment and education. The 3rd year clerkship will allow student participation in a broad range of OB/GYN in an outpatient setting. Lowell General Hospital is a community based Hospital with tertiary clinical affiliations to Floating Hospital for Children at Tufts Medical Center. Student involvement will include labor and delivery as well as the operating room allowing for continuity of care.

Mount Auburn Hospital
330 Mt. Auburn St., Cambridge, MA 02138
Site Director: Malcom (Kip) Mackenzie, MD mmacken1@mah.harvard.edu
Site Administrator: Lynne Doherty, (617) 499-5161, ladohert@mah.harvard.edu

Mt Auburn hospital is a community hospital just west of Harvard Square, serving the population of Cambridge and surrounding communities. Students will experience Ob care on Labor and Delivery, Ob/Gyn care in clinics, including MFM, Gyn Onc and Uro Gyn clinics, and Gyn cases in the OR. Due to the busy schedule and no Gyn floor rotation, you won’t be rounding as much as other sites, but you’ll be spending that time seeing more patients and exploring the field. MAH has a comparable birth rate to BMC, but with fewer medical students on at a time, so there can be plenty to do, and many opportunities to participate.

Norwood Hospital
800 Washington St, Norwood, MA 02062
Site Director: Alice Shen, MD (781) 769-4000, alice.shen@steward.org
Norwood Hospital is a community hospital with a group of 5 physicians who provide general obstetric and gynecology care in a private practice setting. Our student will work primarily with one preceptor-attending throughout their 6 week clerkship. They will see patients in Norwood and Foxboro for clinic visits. Labor and Delivery will give them the opportunity to see and deliver term, low risk patients. They will participate in Gynecological surgeries that range from laparoscopic hysterectomies to ectopic surgeries to pelvic organ prolapse cases. This is a hands-on rotation, with our goal of giving you as much first hand clinical exposure as possible. A car is recommended.

**St. Elizabeth’s Medical Center**
736 Cambridge St, Brighton, MA 02135
Site Director: Zsuzsa Kovacs, MD zsuzsa.kovacs@steward.org
Site Administrator: Abigail Silk, (617) 562-7060, Abigail.Silk@steward.org

St. Elizabeth’s is a community-based hospital but also the tertiary care referral site for all other Steward affiliated facilities. You will be considered a member of the care team along with physicians, midwives, physician assistants, nurse practitioners and nurses. We offer a mix of patient interactions on Labor & Delivery, in the operating room and in outpatient clinics. Your schedule will change daily to take advantage of various learning opportunities, but in general, you will spend half the rotation covering obstetrics and the other half covering gynecology. Having a car is preferred for the clerkship as we have some offsite clinics; however, public transportation is available to some of these locations.

**Clerkship Schedules**

**Boston Medical Center Wards**

**OB Rounds**
- **Weekdays**
  - Chief Rounds – 7:15AM (No pre-rounding)
  - Sit-down Rounds – 7:30AM
  - Board Rounds – 8:30AM
  - Sit-down Rounds – 5PM (Only students on L&D during the day)
  - Thursday noon MFM conference
- **Weekend and Holidays:**
  - Sit-down Rounds – 7:30AM
  - Board Rounds – 8:30AM

**Gyn Rounds**
- **Weekdays**
  - Team Floor Rounds – 6:15AM (Notes must be completed by 6:15AM)
  - Attending Sit-down Rounds – 7:00AM
  - Operating Room Start Time – 7:20AM
  - Evening Sign-outs – 5:30PM (ALL Students on Gyn Team for the day)
  - Gyn conference: Fridays Noon
  - Tumor Board: alternating Mondays 7:30AM
  - Pre-Op Conference/Team Teaching: Alternating Fridays 7:30AM
- **Weekend and Holidays**
Sit-down Rounds – 7:00AM (No pre-rounding)

**Block Schedule**
Block schedule dates for all clerkships can be located on the Medical Education website:
http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/

**Didactic Schedule**
Didactic Sessions Every Wednesday 7:30am-4:00pm
- 7:30AM – Grand Rounds
- 8:45AM – Case Based Learning
- 10:30AM – Small Groups
- 12:00PM – Lunch
- 1:00PM – Student Presentations
- 2:45PM – Active learning/Midpoint Evaluations

Kaiser students will skype in for small groups and afternoon didactics.

**Night Schedule**
Each student will participate in no more than four (4) overnight shifts on the labor floor. Gyn night, depending on site, may be integrated or a separate experience.

**Holidays**
Thanksgiving: Wed, Nov 27, 2019 at 12PM – Sun, Dec 1, 2019
Intercession: Fri, Dec 20, 2019 – Wed, Jan 1, 2020

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:
http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols

**Assessment and Grading**

**Clerkship Grading Policy**

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
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<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>55%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>10%</td>
</tr>
<tr>
<td>Oral Examination</td>
<td>5%</td>
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<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>90.0-100</td>
</tr>
<tr>
<td>High Pass</td>
<td>80.0-89.9</td>
</tr>
<tr>
<td>Pass</td>
<td>70.0-79.9</td>
</tr>
<tr>
<td>Fail</td>
<td>69 and below and/or &lt;64 shelf exam</td>
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**SHELF/EXAM GRADING**

Exam minimum passing (percentile/2 digit score)  
<5th% / 64%

**What is “Other” and what percentage is it worth?**

Evidence Based Medicine Review/Case Presentation or Shelf-Topic Presentation  
10%

**Other components that need to be completed in order to pass the clerkship**

Patient Encounter/Procedure Log

FOCuS Forms

Duty Hour logs

Demonstrate Competency in the advanced clinical skills taught and assessed during the clerkship

Submit all required documentation, quizzes, and paperwork

**Standard Clerkship Clinical Grade Procedures/Policies**

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.

**Clerkship Specific Clinical Grade Procedures/Policies**

Students at BMC or BMC/Lahey will request evaluations from faculty (including midwives, nurse practitioners and fellows), and residents.

Primary preceptors at sites with multiple preceptors will collect evaluation data from the other physicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.

**Professionalism**

Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients’ families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

**Clerkship-Specific Failure and Remediation Policies/Procedures**

- A score of 1-1.9 (averaged score across evaluators) in any CSEF domain, may result in failure of the clerkship

- Students who fail the shelf examination can re-take it. Students who fail the re-examination must repeat the entire clerkship.

**BUSM Grade Review Policy**

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students:  

**Formative Assessments**

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required FOCuS (Feedback based on Observation of Clinical UME
Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

The FOCuS forms required for the Ob/Gyn Clerkship are:
• Interview and Data Gathering
• Physical Exam (1 Breast Exam and 1 Pelvic Exam)
• Documentation
• Patient Education
• Oral Presentation

Formative Assessment and Feedback Policy
Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.


Mid-Clerkship Review
You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid- clerkship review is intended to allow the student to improve their clinical skills in real time.

Final Summative Assessments
The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

NBME Subject Examination
Students will take the Obstetrics and Gynecology NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam.

Shelf Exam Laptop Certification Process
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: http://www.bumc.bu.edu/medlib/services/computing/nbme/

Exam Policies
http://www.bumc.bu.edu/bumsm/education/medical-education/policies/exam-policies-for-medical-students/

Testing Center Policies
http://www.bumc.bu.edu/bumsm/education/medical-education/policies/l-11-testing-center/
Make-Up Exams
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**Oral Examination**
All students will be individually administered a 15 minute oral examination on the last Wednesday of the clerkship, which will consist of 10 minutes to complete the exam and 5 minutes of feedback by the examiner. Three standard case topics will be available, of which the student will randomly select one case to be examined on. Each of the 3 potential cases will be derived from the list of 14-Required Patient Encounters for the OBGYN clerkship. The student will be asked to review the case after which questions regarding pathophysiology, evaluation, diagnosis, and management plans will be asked. A standard grading rubric will be applied to each case. Students will receive feedback about the case at the completion.
Department of Ob/Gyn Clerkship Policy: Pelvic Exam Under Anesthesia by Medical Students

We acknowledge the March 2019 statement from APGO (Association of Professors of Gynecology and Obstetrics) which states the importance of learning the clinical pelvic exam.

“APGO considers the ability to perform a complete and competent pelvic and breast examination to be a necessary skill in the provision of comprehensive women’s health care. We promote appropriate teaching of pelvic exam skills to medical students during their undergraduate medical education. Teaching of these exam skills should be comprehensive and can include the use of didactics, simulation, and mentored examinations in the clinical setting. We recommend that learners in the clinical setting, including in the operating room when the patient is under anesthesia, should only perform a pelvic examination for teaching purposes when the pelvic exam is: explicitly consented to, related to the planned procedure, performed by a student who is recognized by the patient as a part of their care team, AND done under the direct supervision by the educator. This statement is supported by the Association of American Medical Colleges (AAMC) and endorsed by the American College of Obstetrics and Gynecology (ACOG), the American College of Osteopathic Obstetricians and Gynecologists (ACOOG), and the American Urogynecologic Society (AUGS).”

The Department of OB/GYN Clerkship policy for exam under anesthesia is as follows:

Medical students are frequently assigned to the operating room as a member of the surgical team during the core clerkship and elective courses in Obstetrics and Gynecology. The attending physician is responsible to determine the level of participation of the student, to assign specific tasks that the student may perform and to supervise the student during participation.

As a part of many gynecologic surgeries, a pelvic examination under anesthesia (EUA) is performed to provide valuable information for the safe conduct of the operation and to allow learners to encounter normal and abnormal anatomy while the patient is relaxed and without patient discomfort. When an EUA is planned as part of the procedure, it is important that all aspects of the surgical procedure, including the EUA, be discussed with the patient.

The written consent should specifically document “examination under anesthesia.” In addition to the surgeon, other physician members of the surgical team may perform an EUA to confirm the findings or render an additional opinion. In this circumstance, the EUA also may provide an opportunity to teach other members of the team regarding the surgical decision-making process, and the selection of the surgical approach.

A medical student who is part of the surgical team may not perform an EUA unless the patient specifically consents to also having a medical student perform the examination. It is the student’s responsibility to meet the patient prior to the procedure and obtain verbal consent to participate in all aspects of the surgical procedure. At all times, the personal wishes of the patient should determine the extent of her participation in the education process. Refusal to have a medical student perform an EUA should not in any way affect the care of the patient.
EUA should be performed only by members of the surgical team who are directly involved in the care of that patient.

An EUA as part of a planned procedure should only be performed by a student with the signed written consent of the patient on a form containing the words “Examination under Anesthesia”. The specific words “by medical student” need not be written on the consent form because the faculty member will verbally obtain permission for the medical student to participate in all aspects of the surgical procedure as a member of the surgeon’s team.
Roles and Responsibilities

Clerkship Director

- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
  - Submit final evaluations for students via eValue
- Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator

- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

Site Directors

- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Orient students to the clinical site
- Sets student expectations for clinical encounters and discusses student role and responsibilities
- Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
- Ensures formative feedback in an appropriate and timely fashion
- Delegates increasing levels of responsibility
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
- Collects feedback and evaluation data from all physicians who work with the student
- Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
- Ensure student and faculty access to appropriate resources for medical student education
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Preceptors/Trainees
- Set and clearly communicate expectations to students
- Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
- Delegate increasing levels of responsibility to the student within clerkship expectations
- Maintain appropriate levels of supervision for students at site.
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
- Give students appropriate and timely formative feedback
- Assess students objectively using the CSEF form
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision
Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education**. Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified.

Supervision and Delegating Increasing Levels of Responsibility
It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that he or she is being asked to perform beyond his or her level of
confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

**Under no circumstances should the following occur:**

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

**Third Year Student**

Out of professional courtesy and respect for the patients please dress appropriately. Students who are not dressed appropriately will not be admitted to patient care settings, conferences, discussion groups or other educational events. As a reminder, scrubs or jeans (for men and women) are not considered appropriate for the ambulatory clinic or educational days.

You are part of a team. You are expected to participate fully as a team member. You must treat patients, their families and all hospital staff with unfailing courtesy and respect. You need to take responsibility for patients assigned to your care, and communicate with the resident team and attending staff.

You are expected at all student, resident and department lectures, case presentations and clinical skill sessions. Attendance will be taken at all sessions and will be taken into account when determining who will receive honors.

Clinical responsibilities begin on 1st day of the clerkship at 5p and end at 10p on the Tuesday before the end of the block.

Each BMC student is scheduled 1 academic session. This session mimics clinic, so start at 8:30 or 1:00. You are expected to attend conferences and rounds on these days.

**Professional Comportment**

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information”

(http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Clinical Student Time-Off Policy.
Further, below are expectations for student professionalism in the core clerkship curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOcuS forms by the clerkship specific deadline
- Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students during the mid-clerkship meeting so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.

**Ethical Behavior for Examinations and Mandatory Sessions**

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- Don’t seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying, for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

**Student Evaluation of the Clerkship**

Student feedback is a highly-valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via eValue (www.e-value.net) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

**Blackboard**

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Obstetrics and Gynecology Clerkship 2019-2020 on your Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: https://learn.bu.edu/
Assignments

Evidence Based Medicine Case Presentation/Shelf Preparation Talk

Case presentations are done at BMC for students who are at BMC, Lahey, Plymouth, Norwood, Lowell and Beverly Hospital and presented to peers during Wednesday learning activities. Students at these sites will also have the option of presenting a shelf-preparation topic from a pre-selected list of topics. Students at Mt Auburn, Kaiser and Metrowest will present at their respective sites to an audience of attendings and should plan on presenting an Case presentation from a case they’ve seen at their site. They will receive separate instructions from their individual sites. All sites will use the same grading rubric.

Your presentation has 2 components:
- A slide presentation
- List of references

Examples of the content and format for both are under “Case Presentation” on Blackboard. Please review the PowerPoint template before beginning your presentation. A list of possible shelf preparation topics is also posted on Blackboard. If you want to do another topic, please get approval from Dr. Kandadai or Dr. Woolcock. The presentation format will also be reviewed on the first Wednesday of the block.

Your slides are intended to serve as a guide for your oral presentation.

Both should contain:
- Name of student presenter/Date of presentation
- For a Case Presentation: Initials of the patient being presented and a focused history/physical, pertinent laboratory results, hospital course/management plan
  For a Shelf-Topic: Start with a clinical question you’d like to answer
- An evidence based discussion of management as supported by the literature and any national guidelines, if available, and integrating discussion of the case and the literature
- For shelf preparations, the student should include 3-4 shelf-style questions to review with classmates
- List of references reviewed, presented in the format of the New England Journal of Medicine.

The presentation should be 12 minutes (inclusive of the shelf-style questions) and will be timed. Your goal is to educate your colleagues regarding diagnosis and management of this clinical problem or select a pre-approved focused topic from the APGO learning objectives to teach classmates in preparation for shelf exam.

Your presentation is graded by the following criteria (listed on Blackboard):
- Presentation Skills
- Organization
- Case/Topic Selection
- Presentation of EBM
- Discussion of Case/EBM
- (For Shelf Prep) 3-4 shelf based questions to review

You are expected to have your slides ready to present when you are scheduled to present.
# Obstetrics and Gynecology STUDENT CASE PRESENTATION

<table>
<thead>
<tr>
<th></th>
<th>Presentation Skills</th>
<th>Organization</th>
<th>Case/Topic Selection</th>
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<tbody>
<tr>
<td><strong>Exemplary</strong></td>
<td>The presenter spoke clearly and appropriately loudly, maintained eye contact, with expressive body language. Presentation was appropriately timed.</td>
<td>Exemplary Talk was clearly organized &amp; followed the stated objectives. Slides were easy to read, with limited text. Illustrations/Graphics were relevant and increased understanding of the topic.</td>
<td>Exemplary Appropriate and relevant details of case presented without any details not directly related to topic. Topic relevant to clerkship content, which it reinforced. Topic is ideal for a review of EBM 5-6 primary sources used. For Shelf Review style presentation 3-4 EBM were reviewed and 3-4 shell-appropriate.</td>
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<tr>
<td><strong>Proficient</strong></td>
<td>Presenter spoke understandably but too slow or too fast. Body language was mildly distracting, or presenter rarely looked at the audience. Time was too long (by &gt;5min) or too brief (total &lt;5min).</td>
<td>Proficient Talk was organized, but side topics were introduced, or aspects of topics were not followed. Slides were readable but either too wordy or difficult to read (cluttered). Graphics were used, but some were distracting or not explained. There were a few technical problems.</td>
<td>Proficient Case presented with relevant information but too detailed or not including all relevant info for topic. Topic appropriate to Clerkship but either too complex or too general to be ideal for EBM. EBM presented but only a few primary sources (used texts, review articles or update). For Shelf Review Style presentation: &lt;3 EBM were used or</td>
</tr>
<tr>
<td><strong>Developing</strong></td>
<td>The oral presentation was articulate and difficult to follow. The presenter did not seem to know the material. Body language was distracting. Presenter didn't look at audience. Barely uses any time or went significantly (by Merit) over time.</td>
<td>Developing No clear flow of the talk. Multiple missteps on slides. Slides difficult to follow. No graphics or use of images. Information on slides was confusing and detracted from presentation. There was a significant technical problem with the PowerPoint.</td>
<td>Developing Details of the case either absent or so detailed to be distracting or contradictory. Topic reviewed either has no EBM, or no EBM presented. For Shelf Review, no EBM, no questions reviewed.</td>
</tr>
<tr>
<td><strong>N/A</strong></td>
<td>N/A</td>
<td>N/A</td>
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### Presentation of EBM
- Exemplary Studies presented show mastery of content and ability to demonstrate its relevance to the case. Study limitations (if any) are discussed. Treatment standards (ACOG, FKSO, CDC, WHO) are included. Complete References are on all slides. Level is that of a relevant and focused EBM.
- Proficient Several relevant studies are presented, but mastery of content not clear. No discussion of whether/what standard for evaluation/treatment exists or is recommended (or by who). Complete references are cited on most slides. EBM Presentation - Level is that of a topic guideline.
- Developing No primary studies are presented. OR studies presented are not relevant to presentation OR are not discussed. Incorrect information is presented. Studies appear to be randomly selected. Level is at that of basic topic summary.
- N/A

### Discussion of Case/EBM
- Exemplary Student is able to place patient case in context of literature, and standards of evaluation and/or management. Shelf-style questions were thoughtful and from appropriate sources or well-written and relevant to the topic discussed.
- Proficient Presenter presents flip of the case, but context of topic information presented in a limited, confusing or distracted way. Shelf-style questions were confusing and not completely related to the topic.
- Developing No discussion or flip of patient case no discussion of relevance/context of topic. Shelf-style questions were not relevant to the topic.
- N/A

### Comments (REQUIRED)
Patient Encounters/Case Logs
Across the third year there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters
http://www.bumc.bu.edu/buems/education/medical-education/faculty-resources/

<table>
<thead>
<tr>
<th>Required Patient Encounters</th>
<th>Required Procedures</th>
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</thead>
<tbody>
<tr>
<td>• Abdominal/Pelvic Pain</td>
<td>Female urinary catheterization (sim)</td>
</tr>
<tr>
<td>• Amenorrhea</td>
<td>NSVD (P)</td>
</tr>
<tr>
<td>• Amenorrhea-menopause</td>
<td>D&amp;C observation (O)</td>
</tr>
<tr>
<td>• Abnormal uterine bleeding</td>
<td>Suturing (P)</td>
</tr>
<tr>
<td>• Dysuria</td>
<td>Pap smear (P)</td>
</tr>
<tr>
<td>• Sexual dysfunction</td>
<td>Scrubbing and sterile gown/gloving (P)</td>
</tr>
<tr>
<td>• Urinary changes (incontinence, etc.)</td>
<td></td>
</tr>
<tr>
<td>• Vaginal discharge</td>
<td></td>
</tr>
<tr>
<td>• Breast Lump</td>
<td></td>
</tr>
<tr>
<td>• The patient who is trying to get pregnant</td>
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<tr>
<td>• The patient who is pregnant</td>
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<tr>
<td>• The patient in labor</td>
<td></td>
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<tr>
<td>• The postpartum patient</td>
<td></td>
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<tr>
<td>• High BP - preeclampsia</td>
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</table>

Presenting Conditions (Required diagnoses)
All: Students are expected to take a patient history, conduct a physical exam, and provide both an assessment and treatment plan inclusive of anticipatory guidance and counseling where appropriate

Procedures
S=Simulation or task trainer: Student performs a procedure or skill in simulation or by using a task trainer
P=Procedure: Students are expected to perform the procedure/skill on a patient
O=Observation: Students are expected to observe a procedure done on a patient

Alternative Patient Encounters
If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are participating in a simulation, standardized patient exercise, case-based session, or online module. Students must notify the Clerkship Directors and Coordinator by the end of the 4th week of the clerkship so arrangements can be made for the student to see these encounters.

Patient Encounter Log
Students are expected to log their patient encounters in eValue (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/.
Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

**Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students**
http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

**Collaborative Student Assessment System**
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/collaborative-student-assessment-system/

**Student Disciplinary Code of Academic and Professional Conduct**
http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/

**Attendance Policies**
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

  - Time Off Request Form: http://www.bumc.bu.edu/busm/files/2017/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/

**Personal Day Policies**
http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

**Clerkship Specific Blackout Dates**
- Clerkship orientation
- First full clinical day of clerkship
- Wednesday didactic days
- Any scheduled overnight/evening shift
- Continuity clinic
- Assigned to student-run urgent (Orange) clinic (for BMC/Lahey students)

**Scrubs Policy**
http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-policy/
BUSM Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/medical-education/policies/

BU Policies and Student Support Services

Appropriate Treatment in Medicine
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.


Needle Sticks and Exposure Procedure

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Recent Changes to the Clerkship
Based on student feedback, the schedules for BMC and BMC/Lahey were changed last year to provide more continuity to have: 2 weeks inpatient OB, 2 weeks inpatient GYN and 2 weeks ambulatory. BMC students now work a 12-hour shift with a RN on labor and delivery- based on 19-20 student feedback, Learning objectives were given to the nurses for academic year 2019-2020. They will also be provided to the students
Night and Weekend Shifts were changed. Students will only have two OB Weekend shifts. Students working on L&D the weekend before the shelf have been given an additional academic session.

Learning Strategies and Tools

Recommended Texts
- Wolters Kluwer Obstetrics and Gynecology 7th Edition textbook. This is given at orientation.
- APGO Educational videos on OBGYN topics and preclinical basic science are also posted with each reading assignment

eValue Student Resources
http://www.bumc.bu.edu/evlue/students/

Echo360/Technology
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues**: Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues**: For assistance with technology supported by BUMC’s Educational Media (e.g. ExamSoft), tickets can be created via their website at: http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/

- **Other Technology Related Issues**: For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.


Tutoring
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/
Office of Disability Services
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University.
http://www.bu.edu/disability/policies-procedures/academic-accommodations/

Session Learning Objectives and Notes
Small Groups – Small Group Participation is graded (See Appendix A: Small Group Rubric)

First Trimester Bleeding
By the end of the First Trimester Bleeding Small Group students will be able to:
• Define risk factors for abnormal pregnancy, and develop a differential diagnosis for vaginal bleeding in the 1st trimester
• Order appropriate tests to differentiate normal and abnormal pregnancy
• Organize a management plan based on results of the above tests
• Counsel a patient with an ectopic pregnancy or miscarriage regarding treatment plan and recurrence risk
• Create a follow up plan of care for each scenario according to evidence based medicine and department protocols

Abnormal Uterine Bleeding
By the end of the Abnormal Uterine Bleeding Small Group students will be able to:
• Describe the physiology involved in the normal and abnormal menstrual cycle.
• Define abnormal uterine bleeding verses dysfunctional uterine bleeding.
• Accurately differentiate between the terms used to describe abnormal uterine bleeding.
• List the etiologies of abnormal bleeding
• Recommend a diagnostic process for abnormal uterine bleeding
• Identify the diagnostic and treatment modalities for Uterine Leiomyomas (Fibroids)

Medical Complications in Pregnancy
By the end of the Medical Complications in Pregnancy Small Group students will be able to:
• Elicit a focused history in a diabetic pregnant woman.
• Explain the reason for pregestational counseling and management in the optimal care of a pregnant woman with diabetes.
• Order appropriate screening tests
• Counsel the patient regarding pregnancy related risks to mother and fetus.
• Organize a management plan for and individual patient with diabetes in pregnancy

Pelvic Pain
By the end of the Pelvic Pain Small Group students will be able to:
• Successfully take a gynecologic history detailed enough to distinguish among various types of dysmenorrheal and chronic pelvic pain
• Describe and discuss the differential diagnosis of dysmenorrhea and pelvic pain
• Discuss the evaluation and management of pelvic pain
• Recognize the signs and symptoms of acute pelvic pain
• Describe the appropriate treatment of acute pelvic pain and the criteria for admission.
• Recall the epidemiology and pathophysiology of acute pelvic pain
• Explain potential sequelae of pelvic inflammation or infection
• Discuss the management of Tubo-Ovarian Abscess (TOA).

Post-Partum Hemorrhage
By the end of the Post-Partum Hemorrhage Small Group students will be able to:
• Describe risk factors for postpartum hemorrhage
• Define the differential diagnosis of postpartum hemorrhage
• Engage a multidisciplinary team in a clinical emergency situation
• Order an appropriate laboratory evaluation
• Be able to discuss the management of the patient with postpartum hemorrhage
Didactics

Amenorrhea
By the end of Amenorrhea, students will be able to:
• Definitions of primary amenorrhea, secondary amenorrhea and oligomenorrhea
• Causes of amenorrhea
• Evaluation methods
• Treatment options

Breast Disorders
By the end of Breast Disorders, students will be able to:
• List factors that place individuals at risk for breast disorders
• Describe symptoms and physical examination finding of benign or malignant conditions of the breast
• Demonstrate the performance of a clinical breast examination
• Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge
• Discuss initial management options for benign and malignant conditions of the breast

Case Based Evidence Based Medicine/Shelf-Preparation Topic
By the end of Case-Based/Shelf-Prep EBM, students will be able to:
• Recognize that an oral presentation in a concise and orderly manner is a key skill of any physician and the presentation will assist the student in mastering this skill
• Use translational research and clinical research to illustrate and define management of clinical cases and support available management guidelines
• Present a clinical case or a clinical question concisely
• Present the pathophysiology and epidemiology of the clinical case or questions
• Review the management for the patient based on current literature
• Successfully lead classmates in correctly answering exam questions on the clinical topic

Contraception
By the end of Contraception, students will be able to:
• Describe the mechanism of action and effectiveness of contraceptive methods
• Counsel the patient regarding the benefits, risks and use for each contraceptive method including emergency contraception
• Describe barriers to effective contraceptive use and to reduction of unintended pregnancy
• Describe the methods of male and female surgical sterilization
• Explain the risks and benefits of female surgical sterilization procedures

Hypertensive Disorders in Pregnancy
By the end of Hypertensive Disorders in Pregnancy, students will be able to:

• Define the types of hypertension in pregnancy
• Describe the pathophysiology of preeclampsia-eclampsia
• List risk factors for preeclampsia
• Recognize the signs and symptoms to diagnose preeclampsia-eclampsia
• Explain the management of a patient with preeclampsia-eclampsia
• List the maternal and fetal complications associated with preeclampsia-eclampsia

Infertility
By the end of Infertility, students will be able to:

• Define infertility
• List the causes of male and female infertility
• Describe the evaluation and initial management of an infertile couple
• Describe the psychosocial issues associated with infertility
• Describe management options for infertility
• Describe ethical issues confronted by patients with infertility
• Identify the impact of genetic screening and testing on infertility associated treatments.

Menopause
By the end of Menopause, students will be able to:

• Physiologic changes in the hypothalamic-pituitary-ovarian axis
• Symptoms and physical findings associated with hypoestrogenism
• Long-term changes associated with hypoestrogenism
• Management, including:
  1. Hormone therapy
  2. Nutrition and exercise
  3. Non-hormonal therapeutic options
• Risks and benefits of hormone replacement therapy

Learning from Error

Morbidity and Mortality (M&M)

By the end of M&M, students will be able to:

• Discuss the importance of and rationale behind the M&M conference
• Evaluate the extent to which M&M has historically been successful in achieving its quality & safety aims
• Explain how cases are chosen for discussion at conference in the Department of Obstetrics and Gynecology at BMC
• Recognize his or her role as a student observer during conference
• Analyze the success of the speaker in addressing key questions integral to a comprehensive M&M conference
• Identify and utilize essential resources to ensure learning both in and out of conference

**Root Cause Analysis (RCA)**
By the end of RCA, students will be able to:
• Develop an awareness of how easily medical errors are made
• Understand what the components of systems based care are
• Be introduced to how we evaluate the causes and prevention of error by performing a root cause analysis
• Understand the principles of clear patient communication and demonstrate the components of open disclosure

**Ovarian Cancer (Completed as Self-Study Paper Case)**
By the end of Ovarian Cancer, students will be able to:
• Describe the initial management of a patient with an adnexal mass
• Compare the characteristics of functional cysts, benign ovarian neoplasms and ovarian cancers List the risk factors and protective factors for ovarian cancer
• Describe the symptoms and physical findings associated with ovarian cancer
• Describe the three histological categories of ovarian neoplasms

**Preterm Labor/Premature Rupture of Membranes**
By the end of Infertility, students will be able to:
• Identify the risk factors and causes for preterm labor
• Describe the signs and symptoms of preterm labor
• Describe the initial management of preterm labor
• List indications and contraindications of medications used in preterm labor
• Identify the adverse outcomes associated with preterm birth
• Counsel the patient regarding risk reduction for preterm birth

**Preeclampsia and gHTN**
By the end of Preeclampsia and gHTN students will be able to:
• Define the types of hypertension in pregnancy
• List risk factors for preeclampsia
• Recognize the signs and symptoms to diagnose preeclampsia-eclampsia
• Explain the management of a patient with preeclampsia-eclampsia
• List the maternal and fetal complications associated with preeclampsia-eclampsia

**Shared Decision Making**
By the end of Shared Decision Making students will be able to:
• Understand the difference between shared-decision making (SDM) and informed consent (IC)
• List examples of scenarios for SDM and IC in Obstetrics & Gynecology
• Understand the 10 components of SDM and which are most often omitted by providers
• Understand decisional conflict and the use of decision aids
• Understand the role of SDM in value-based payments by insurers
• Observe standardized patient encounters and determine how SDM can be improved

Normal and Abnormal Labor
By the end of Normal Labor students will be able to:
• Differentiate between the signs and symptoms of true and false labor
• Perform the initial assessment of the laboring patient
• Describe the four stages of labor and recognize common abnormalities
• Explain pain management approaches during labor
• Describe methods of monitoring the mother and fetus
• Describe the steps of a vaginal delivery
• List indications for an operative delivery
• Identify maternal risks specific to delivery in developing countries
• List abnormal labor patterns
• Describe the causes and methods of evaluating abnormal labor patterns
• Discuss fetal and maternal complications of abnormal labor
• List indications and contraindications for oxytocin administration
• Describe risks and benefits of trial of labor after Cesarean delivery
• Discuss strategies for emergency management of breech presentation, shoulder dystocia and cord prolapse

Values Clarification
By the end of Values Clarification students will be able to:
• To increase self-awareness about specific patient situations that make you feel uncomfortable.
• To understand the potential for a judgmental reaction or tone to interfere with the patient doctor relationship and to develop strategies for preventing this interference.
Appendix A: Small Group Rubric
Obstetrics and Gynecology STUDENT SMALL GROUP

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Advocacy</th>
<th>Team Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplary</td>
<td>Exemplary</td>
<td>Exemplary</td>
</tr>
<tr>
<td>Always on time. Has printed case, with notes, ready.</td>
<td>Student consistently articulates how nonmedical issues such as social circumstances, ethnicity, health insurance might interact with the patient’s medical problem and offers appropriate solutions.</td>
<td>Student helps moderate their own and classmates contributions to the discussion, so that each member can participate.</td>
</tr>
<tr>
<td>Proficient</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>Always on time. Although prepared for topic, unclear if student has brought or reviewed handout.</td>
<td>Student identifies how nonmedical circumstances, ethnicity, health insurance might impact the patient’s care.</td>
<td>Student, contributes to the discussion regularly. Able to fill in gaps in conversation.</td>
</tr>
<tr>
<td>Competent</td>
<td>Competent</td>
<td>Competent</td>
</tr>
<tr>
<td>Mostly on time. During most sessions the student appeared prepared.</td>
<td>When asked student can discuss the interaction of external influences on patient’s care.</td>
<td>Student, though quiet, when asked can contribute to discussion. Dominates conversation so no room for other students comments.</td>
</tr>
<tr>
<td>Marginal</td>
<td>Marginal</td>
<td>Marginal</td>
</tr>
<tr>
<td>Repeatedly late. Does not seem oriented to days topic. Sleeps in class. Has an unexcused absence</td>
<td>Student unable to appreciate implications of case, workup or management to patient. Unaware of cultural differences.</td>
<td>Student interrupts, talks over classmates or is disrespectful. Does not participate.</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Differential Diagnosis

<table>
<thead>
<tr>
<th>Exemplary</th>
<th>Exemplary</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student contributes regularly to the formation of ddx, often identifying less common potential diagnoses. Can identify the most plausible &quot;working diagnosis&quot; based on the patient's presentation</td>
<td>Student articulates clear and well supported management plans that incorporate patients’ specific needs. Can modify plans given hypothetical changes in circumstances.</td>
<td>Student contributes specific details relevant to the case that are not covered in standard texts.</td>
</tr>
<tr>
<td>Proficient</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>Student regularly contributes to the development of the ddx, and can identify less common diagnoses.</td>
<td>Student presents and defends appropriate management plans based on the patients’ specific situations.</td>
<td>Student contributes topic information contained in standard texts to the cases.</td>
</tr>
<tr>
<td>Competent</td>
<td>Competent</td>
<td>Competent</td>
</tr>
<tr>
<td>Student contributes to the development of the ddx with common, obvious diagnoses only.</td>
<td>Student formulates reasonable plans when asked.</td>
<td>Student can inform peers about basic topic information if asked.</td>
</tr>
<tr>
<td>Marginal</td>
<td>Marginal</td>
<td>Marginal</td>
</tr>
<tr>
<td>Student offers only the most obvious diagnoses, typically only if asked.</td>
<td>Student rarely articulates reasonable management plans.</td>
<td>Student does not have enough knowledge of information about the patient or the topic to contribute.</td>
</tr>
</tbody>
</table>

N/A

Comments (REQUIRED)