Obstetrics and Gynecology

Department of Obstetrics & Gynecology
MS 312
2020-2021

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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<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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| **B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)** | 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)  
B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)  
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) |
| **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)** | U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
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)  
U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
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)  
U.5 - Develop and carry out patient management plans. (1.6)  
U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| **C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)** | 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)  
C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
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)  
C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)  
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)  
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) |
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<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tbody>
<tr>
<td>A - 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)</td>
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<td>A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)</td>
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<td>A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)</td>
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<td>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)</td>
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<td>A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)</td>
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<td>A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5)</td>
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<td>R - 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)</td>
</tr>
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<td>R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)</td>
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<td>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>
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<td>E - 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)</td>
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<td>E.2 - Set learning and improvement goals. (3.2)</td>
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<td>E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)</td>
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<td>E.4 - Incorporate feedback into daily practice. (3.5)</td>
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<td></td>
<td>E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)</td>
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<td>E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)</td>
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<td>E.7 - Manage conflict between personal and professional responsibilities. (8.3)</td>
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<td>S - 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)</td>
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<td>S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)</td>
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<td>S.3 - Use information technology to optimize learning. (3.7)</td>
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<td>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)</td>
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<td>S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)</td>
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<td>S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)</td>
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<td>S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)</td>
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<td>S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)</td>
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<td>S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)</td>
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<td>S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4)</td>
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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)
- Communicate 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)
• 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**
Padma Kandadai, MD, MPH  
Assistant Professor  
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Pager: 5383  
Office: 85 East Concord St, 6th Floor

**Associate Clerkship Director**
Ebonie Woolcock, MD, MPH  
Clinical Instructor  
Telephone: (617) 414-7481  
Email: Ebonie.Woolcock@bmc.org  
Pager: 2804  
Office: 85 East Concord St, 6th Floor

**Clerkship Coordinator**
Makeba Kent  
Medical Education Coordinator  
Telephone: (617) 414-7481  
Email: Makeba.Kent@bmc.org  
Pager: 6700  
Office: Dowling Building, 4th Floor, Room 4315
Clerkship Description
The purpose of the 3rd year rotation in Obstetrics & Gynecology 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 people with female reproductive organs, and to prepare the student for their future role as a physician.

Students in the 4-week Obstetrics and Gynecology Clerkship are placed at Boston Medical Center, Beverly Hospital, Mount Auburn, Framingham MetroWest Medical Center, Saint Elizabeth’s Hospital, or Kaiser, San Jose, CA. Each block of students will spend time on Inpatient Obstetrics, Inpatient Gynecology/Surgery, and Ambulatory OBGYN at all sites (Beverly students will complete their ambulatory sessions at Boston Medical Center). 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, fellows, residents, midwives, L&D nurses, and other providers involved in the care of patients in our practice. Students will take overnight or evening shifts no more than 3 times in a block, and will go home after an overnight shift. In addition to the clinical experiences, there are required weekly clinical application sessions each Wednesday. The topics for these sessions are derived from Association of Professors of Gynecology and Obstetrics (APGO) Medical Student Educational Objectives, 11th Edition (2019).

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: David DiChiara MD, david.dichiara@lahey.org
Site Administrator: Robin Stewart, (978) 927-4800, rstewart@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. Students will complete their Labor and Delivery and Gynecologic surgery components at Beverly. They will complete their ambulatory component at Boston Medical Center.
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 (Gynecologic Surgery only)
41 Mall Rd., Burlington, MA 01805
Site Director: Caroline Nitschmann MD, caroline.nitschmann@lahey.org
Interim Site Director: Christina Johnson, MD, christina.johnson@lahey.org (From August 1 2020-November1, 2020)
Site Administrators: June Digiammerino, (781) 744-8561, June.M.Digiammerino@lahey.org
Ann Marie Fusco-Bartley (781) 744-8564, annmarie.fusco-bartley@lahey.org

During your two-week gynecologic surgery block, you will be at Lahey when you are not assigned to an ambulatory clinic at Boston Medical Center. You will be in the OR every day at Lahey. 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.
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.

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. You will work with BU Physician Assistant program students as well as other medical and midwifery students. 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
  - Board Signout – 7:00AM (No pre-rounding)
  - Multi-Disciplinary Rounds – 8:30AM
  - Sit-down Rounds – 5PM (Only students on L&D during the day)
- Weekend and Holidays:
  - Board Signout – 7:00AM
  - Multi-Disciplinary Rounds – 8:30AM

Gyn Rounds

- Weekdays
  - Team Floor Rounds – 6:15AM (Have your patient presentation ready)
  - 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)
  - Preop Gyn conference: Fridays 7:30AM
- Tumor Board: alternating Mondays 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/](http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/)

**Wednesday Learning Schedule – Clinical Applications**
**All sessions are mandatory**
All Weeks: 7:30-8:30AM – Departmental Grand Rounds

**Week 1:**
- 8:40AM – Clinical Applications
- 9:45AM – Suturing Workshop
- 11:00AM – Clinical Applications
- 1:00PM – Case Presentation Demo
- 2:00 PM – Clinical Applications

**Week 2:**
- 8:40AM – Clinical Applications
- 1:00PM – Midpoint Evaluations/Vaginal Delivery-Shoulder Dystocia Simulation

**Week 3:**
- 8:40AM – Student Case Presentations
- 1:00PM – Student Case Presentations

**Week 4:**
- 8:40AM – Oral Exams
- 1:00PM – Office Hours/Clinical Makeup

Kaiser students will join via Zoom in after 10:00AM EST (7:00AM PST).

**Night Schedule**
Each student will participate in no more than three (3) overnight shifts on the labor floor or Gyn night consults. Depending on site, this may be integrated or a separate experience.

**Holidays**
- Intercession: Thu, Dec 24, 2020 – Sun, Jan 3, 2021
- Spring Break: Sat, Mar 6, 2021 – Sun, Mar 14, 2021

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](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>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>60%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>25%</td>
</tr>
<tr>
<td>Oral Examination</td>
<td>10%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>5%</td>
</tr>
<tr>
<td>Extra Credit – Counsel 2 patients on pre-eclampsia and prenatal aspirin prevention and complete required forms</td>
<td>0.5 points added to final numeric score (Must counsel 2 patients, no partial credit; Due by last Wednesday of block 5PM)</td>
</tr>
</tbody>
</table>

### HOW YOUR FINAL WORD GRADE IS CALCULATED:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>90.0-100.0</td>
</tr>
<tr>
<td>High Pass</td>
<td>81.0-89.9</td>
</tr>
<tr>
<td>Pass</td>
<td>70.0-80.9 or between 1.5-2.49 in any domain on the final CSEF</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;69.9 or &lt;1.5 on any domain on the final CSEF or &lt;2 averaged on the final CSEF (Clinical Fail)</td>
</tr>
</tbody>
</table>

### HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Honors</td>
<td>&gt;4.5</td>
</tr>
<tr>
<td>Clinical High Pass</td>
<td>3.5-4.49</td>
</tr>
<tr>
<td>Clinical Pass</td>
<td>2-3.49</td>
</tr>
<tr>
<td>Clinical Fail</td>
<td>&lt;2</td>
</tr>
</tbody>
</table>

### SHELF/EXAM GRADING

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-Based Medicine or Clinical topic presentation</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

- Patient log
- 2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam
- Duty Hour logs

### 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 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g. if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.
CSEF Clinical Grade Calculations should be made using the 0.1 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number.

Any average of <1.5 in any domain = an automatic fail for the clerkship
Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.5 in all domains, standard rounding will be used

-<2 = Clinical fail which will = a fail for the clerkship
-2-3.49 = Clinical pass
-3.5-4.49= Clinical high pass
->4.5=Clinical honors

The clinical grade will be reported in the CSEF final narrative

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.

<table>
<thead>
<tr>
<th>Clerkship Specific Clinical Grade Procedures/Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The clinical grade will be worth 60% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF</td>
</tr>
<tr>
<td>• The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.</td>
</tr>
</tbody>
</table>

Students at BMC or BMC/Lahey will request evaluations from faculty (including midwives, nurse practitioners and fellows), and residents. Beverly students should request evaluations from BMC faculty during their ambulatory sessions.

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

<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. If a clerkship director determines that a student does not meet the professionalism expectations of the clerkship (professionalism comportment section below), after providing the student with feedback, a student will fail the clerkship. If there are multiple professionalism concerns throughout a clerkship, the student will not be eligible to receive honors on the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation and the student will be given feedback in advance of the final grade form submission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clerkship-Specific Failure and Remediation Policies/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students who fail the shelf examination can re-take it. Students who fail the re-examination must repeat the clerkship.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSM Grade Review Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

**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. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

The “Physical Exam” in the OB/GYN clerkship is the “Abdomino-Pelvic examination.” We will focus our exam feedback on the abdomino-pelvic exam only. We will teach you how to perform the breast examination during a skills simulation session at orientation. You may certainly ask for feedback about breast examination if you perform one during the clerkship. However, you may not get the chance to perform breast examinations on patients due to the decrease in annual examinations and routine breast examinations.

**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 dates can be found in the [3rd year google calendar](http://www.bumc.bu.edu/medlib/services/computing/nbme/).

**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/](http://www.bumc.bu.edu/medlib/services/computing/nbme/)

**Exam Policies**

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. 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. Two examiners will be present, each individually grading the exam. The average of the two examiners’ scores will be used as the final oral exam grade.

**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 OBGYN 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 Medical Education Office 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
- Orients 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.
- **No student should perform an intimate exam (breast or pelvic) without the direct supervision** of a physician (attending, fellow, resident), nurse midwife, or nurse practitioner. Registered nurses (RN) and medical assistants (MA) may **NOT** supervise student exams.
**Physical Exam Demonstrations**
The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

**Third Year Student**
Obstetrics and Gynecology is a surgical specialty. Scrubs and appropriate personal protective equipment should be worn at all times. Please change out of your street clothes when you arrive at the hospital and change back at the end of your shift. All students will be provided with scrub IDs at BMC or the equivalent at off-sites. Scrubs with a white coat may also be worn in the ambulatory setting.

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 should 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 your final grade and drafting the final summative statement.

Clinical responsibilities begin on 1st day of the clerkship and end at 6:30p on the Wednesday before the end of the block.

**Clinical Responsibilities:**
Students are expected to go to all clinical assignments. Because ambulatory schedules may change due to provider sickness/vacation/conferences, students should check the clinic schedule ahead of time to make sure there are patients booked under the provider and email the provider ahead of time to let them know they will be working with them. If the student sees there are no patients and finds that the provider is away, they need to let the Clerkship Coordinator or the Site Coordinator/Director know in order to make a re-assignment. Ideally this should be >24 hours’ notice, unless there is a sudden emergency cancellation.

**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](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 Attendance & 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
- Informing clerkship leadership and supervising faculty/residents of absences

Professionalism will be reviewed at the mid-clerkship feedback session and will be given feedback when professionalism concerns are identified on the clerkship. If students are not meeting professionalism expectations of the clerkship or there are significant professionalism concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

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 2020-2021 on your Blackboard landing page.

Students will continue to have access to the Obstetrics and Gynecology Virtual Clerkship 2020-2021 Blackboard site as well.

Assignments may be submitted in the appropriate folder in Blackboard.

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

Foley Catheter Insertion Quiz
The Foley catheter insertion video is posted in the orientation folder. Students should watch the video and complete the short Foley catheter insertion quiz (located in the assignments folder) prior to the skills session
**during the Orientation.** Students must complete the quiz and the foley catheter insertion simulation in order to be allowed to place indwelling catheters for patients on the Obstetrics and Gynecology rotation. This is part of the hospital’s infection control requirement.

**Ovarian Cancer Paper Case**
Students must complete and return the ovarian cancer case and questions and submit them on the Assignments tab on Blackboard prior to the end of the Clerkship, final date will be sent out by the Clerkship Coordinator.

**Nursing Session forms**
If you are assigned to work a day shift with a labor and delivery nurse, you will be required to submit your checklist and feedback comments from the nurse you worked with on the Blackboard site.

**Evidence Based Medicine Case Presentation/Shelf Preparation Talk**
Case presentations are done at BMC for students who are at BMC, BMC/Lahey, and Beverly Hospital and presented to peers during the third Wednesday of the block. 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 limited to 10 minutes (inclusive of the shelf-style questions) and will be timed. The 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 will be graded by clerkship faculty and by your peers. The 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.

**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 (BUSM Core)**
http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

<table>
<thead>
<tr>
<th>Required Patient Encounters</th>
<th>Required Procedures</th>
</tr>
</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>
<td></td>
</tr>
<tr>
<td>The patient who is pregnant</td>
<td></td>
</tr>
<tr>
<td>The patient in labor</td>
<td></td>
</tr>
<tr>
<td>The postpartum patient</td>
<td></td>
</tr>
<tr>
<td>High BP - preeclampsia</td>
<td></td>
</tr>
</tbody>
</table>

**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 (including the virtual patient care from the Virtual Clerkship), or online module. **Students must notify the Clerkship/Site Directors and Coordinator by the third Wednesday 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 eValue help page http://www.bumc.bu.edu/evale/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

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.

  - 3rd Year Excused Absence Form: https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index
- 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 clinical applications
- Any scheduled overnight/evening shift
- Assigned to student-run urgent (Orange) clinic (for BMC/Lahey/Beverly 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 https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/

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

Appropriate Treatment in Medicine website: http://www.bumc.bu.edu/busm/student-affairs/atm/

Needle Sticks and Exposure Procedure
http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure/

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
Due to the decrease to 4 clinical weeks, students at BMC and BMC/Lahey will be assigned to 2 weeks of Labor and Delivery and 2 weeks of Gynecologic Surgery. Ambulatory sessions will be integrated into each week. Because continuity clinic will not be possible, we will try our best to assign students to the same providers to gain some continuity.
Students may be assigned to 1 session of telemedicine with a provider. Details for the workflow of these sessions will be provided at orientation and will be available on Blackboard.
BMC students will continue to work a day shift with a labor and delivery nurse for interprofessional education and understand the large role the labor and delivery nurses play in helping a laboring patient. Students will be provided with a checklist to guide the session, and nurses have been also made aware to use this sheet as a guide.

Night and Weekend Shifts were changed. Students will only have two labor and delivery night shifts and one overnight gynecology consult shift during the rotation (BMC). An equivalent set-up will be assigned at the off-sites based on their case volume and workflow. Students will work the first two weekends of the block and will have the third weekend (Saturday and Sunday) off for shelf study.

Learning Strategies and Tools

Recommended Texts

![Beckmann and Ling's Obstetrics and Gynecology](image)

eValue Student Resources
http://www.bumc.bu.edu/evalue/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

- **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: http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/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**

**Clinical Applications** will be held the First and Second Wednesday of the Block

All readings and student handouts are located in the Blackboard Folder

**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:
• Understand the origins of the “reproductive justice” movement
• Discuss history of racism in contraception and sterilization
• 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

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

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
• 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
Normal Labor/Shoulder Dystocia - Simulation

- Describe the cardinal movements of labor
- Perform the steps of delivery (simulated)
- Understand risk factors for shoulder dystocia and how to identify a shoulder dystocia during delivery
- Perform the initial steps in the management of shoulder dystocia: McRobert’s maneuver, suprapubic pressure, delivery of the posterior arm, rotational maneuvers
- Describe advanced steps for managing a shoulder dystocia

Sexually Transmitted Infections

- Describe the guidelines for STI screening and partner notification/treatment, understanding the impact on public health
- Understand how social and environmental factors can play a role in the prevalence, incidence, diagnosis and treatment of STIs
- Describe STI prevention strategies, including immunization, with consideration of social and environmental factors, value-based care and population health
- Describe the symptoms and physical exam findings associated with common STIs
- Discuss the steps in the evaluation and management of common STIs as part of an interprofessional team, including appropriate referral, with consideration of value-based care
- Describe the pathophysiology of salpingitis and pelvic inflammatory disease
- Describe the evaluation, diagnostic criteria, and initial management of salpingitis/pelvic inflammatory disease, with consideration of value-based care and impact on population health and patient safety
- Identify possible long-term sequelae of salpingitis/pelvic inflammatory disease
- Describe the evaluation and management of UTIs, with consideration of value-based care
- Consider variations in STI screening for members of the Gender-Sexual-Diversity community
## Obstetrics and Gynecology Student Case Presentation Rubric

<table>
<thead>
<tr>
<th>Presentation Skills</th>
<th>Organization</th>
<th>Case/Topic Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exemplary</strong></td>
<td>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>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 shelf-appropriate.</td>
</tr>
<tr>
<td><strong>Proficient</strong></td>
<td>Presenter presented case 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 details of the case either absent or so detailed to be distracting or contradictory. Topic review either has no EBM, or no EBM presented. For Shelf Review, no EBM, no questions reviewed.</td>
<td></td>
</tr>
<tr>
<td><strong>Developing</strong></td>
<td>Case presentation was inarticulate and/or 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 more than 50%) overtime.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation of EBM</th>
<th>Discussion of Case/EBM</th>
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<tbody>
<tr>
<td><strong>Exemplary</strong></td>
<td>Studies presented show mastery of content and ability to demonstrate its relevance to the case. Study limitations (if any) are discussed. Treatment standards (ACOG, PGD, CDC, WHO) are included. Complete references are on ALL slides. Level is that of a relevant and focused EBM.</td>
</tr>
<tr>
<td><strong>Proficient</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Developing</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

**Comments (REQUIRED)**